DOCUMENT RESUME

ED 440 737 PS 028 474

TITLE	Every Kid Counts in the District of Columbia: 6th Annual Fact Book, 1999.
INSTITUTION	D.C. Kids Count Collaborative for Children and Families, Washington, DC.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.; Freddie Mac Foundation, McLean, VA.
PUB DATE	1999-00-00
NOTE	39p.; For the 1998 Fact Book, see ED 425 823.
AVAILABLE FROM	D.C. Kids Count Collaborative, c/o D.C. Children's Trust Fund, 2021 L Street, NW, Suite 205, Washington, DC 20036. Tel: 202-624-5555; Fax: 202-624-0396; Web site: http://www.dcchildrenstrustfund.org.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Adolescents; Birth Weight; Births to Single Women; Child Health; Child Safety; *Children; Demography; Dropout Rate; Early Parenthood; Economic Status; Elementary Secondary Education; Family (Sociological Unit); Family Violence; Homeless People; Incidence; Mortality Rate; Out of School Youth; Poverty; Prenatal Care; Safety; *Social Indicators; Special Needs Students; Statistical Surveys; Tables (Data); Trend Analysis; Violence; *Well Being
IDENTIFIERS	Arrests; *District of Columbia; *Indicators

ABSTRACT

This Kids Count report details trends in the well-being of the District of Columbia's children. Following an executive summary, which describes overall findings, the bulk of the report presents the statistical portrait-based on eight areas of children's well-being: (1) general population trends; (2) economic security; (3) family attachment and community support; (4) homeless children and families; (5) child health; (6) safety and personal security; (7) education; and (8) selected indicators by ward. The third section addresses children and youth with special needs, including special education, early childhood special needs populations, building a safety net for children at risk for disabilities, and health care availability and quality for children with special needs. The fourth section offers several D.C. Kids Count strategies and recommendations for improving the well-being of the District's children and youth. The final two sections provide further information on data gathering and acknowledgments. The report finds that, although many indicators show improvement this year, much remains to be done. (EV)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 440 737

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EVERY KID COUNTS in the District of Columbia:

6th Annual Fact Book

1999

kids count

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Melissa B. Littlefield
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

PS 028474

BEST COPY AVAILABLE
2

The D.C. KIDS COUNT Collaborative for Children and Families is a unique alliance of public and private organizations using research to support advocacy for change in human, social, and economic policies and practices of government, the private sector, families, neighborhoods, and individuals. Its mission is to advocate for the interests and well-being of children and families and to ensure their healthy development and future in the District of Columbia. An organizing goal of the collaborative is to build a strong and serious child and family support movement in the Nation's Capital.

Since the formation in 1990 of the Collaborative's predecessor organization, the Coalition for Children and Families, over 80 individuals and organizations representing a broad and diverse group of advocates, service providers, government policy makers, universities, fraternal and volunteer organizations, and local citizens have been a part of the group.

The Collaborative supports a comprehensive approach to community building, but focuses its research and advocacy efforts on economic security, family attachment and community support, health, safety and personal security, and education.

D.C. KIDS COUNT COLLABORATIVE PARTNER AGENCIES

D.C. Children's Trust Fund for the Prevention of Child Abuse
Overall fiscal and management responsibility
Data collection, analysis and evaluation
Production of publications

Children's National Medical Center
Media/data dissemination
Public education/awareness

The Community Partnership for the Prevention of Homelessness
Collection, evaluation and dissemination of information about best models and practices
Development of quality standards and measures

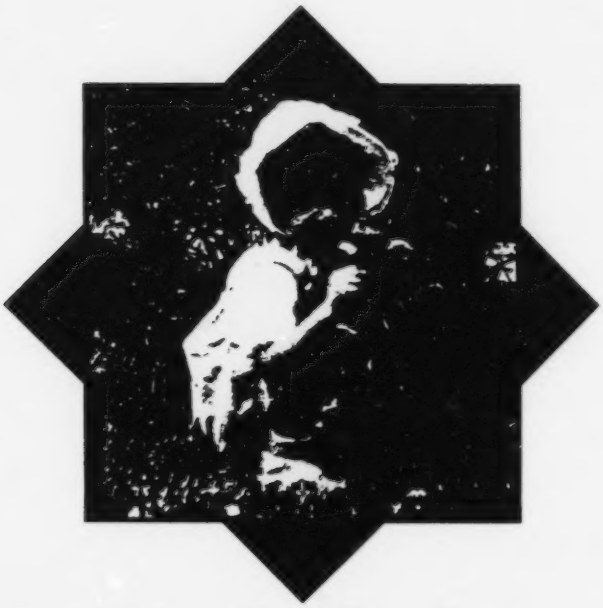
The D.C. KIDS COUNT initiative and this publication have been made possible with the support of the Annie E. Casey Foundation, and the Freddie Mac Foundation.

Copyright (c) 1999. D.C. KIDS COUNT Collaborative for Children and Families

Any or all portions of this report may be reproduced without prior permission, provided that the source is cited as: Every KID COUNTS in the District of Columbia: Sixth Annual Fact Book, 1999, D.C. KIDS COUNT Collaborative for Children and Families.

EVERY KID COUNTS
in the District of Columbia:

6th Annual Fact Book



1999

kids count

TABLE OF CONTENTS

Purpose of the Fact Book pg. 1

I. **Executive Summary** 2

II. **Selected Indicators of Child Well-Being in the District of Columbia**

A. General Population Trends 5

B. Economic Security 6

C. Family Attachment and Community Support 7

D. Homeless Children and Families 8

E. Child Health 9

F. Safety and Personal Security 11

G. Education 15

H. Selected Indicators by Ward 18

III. **Children and Youth with Special Needs: An Unnoticed and Underserved Population** 23

IV. **D.C. KIDS COUNT Strategies and Recommendations**

A. Young Urban Voices Youth Vote 26

B. Recommendations 26

V. **A Word About the Data** 29

VI. **Acknowledgments** 31

LIST OF GRAPHS AND TABLES

II. **Selected Indicators of Child Well-Being in the District of Columbia**

A. GENERAL POPULATION TRENDS

Trends in Births vs. Population, District of Columbia, 1987-1997 5

Births to D.C. Residents, 1987 – 1997 5

B. ECONOMIC SECURITY

Percent of Persons Below Poverty Level in the 25 Largest U.S. Cities, 1990 6

Children Receiving Welfare Assistance, Washington, DC, 1988 - 1998 7

C. FAMILY ATTACHMENT AND COMMUNITY SUPPORT

Percent of Children in Homes with Absent Fathers District of Columbia, 1970-1998 7

Percent of Births to Single Mothers, District of Columbia, 1987-1997 8

Percent of Births to Teenage Mothers, District of Columbia, 1987-1997 8

Cases Filed for Paternity, D.C. Superior Court, 1988-1998 8

Cases Filed for Child Support, D.C. Superior Court, 1988-1998 8

E. CHILD HEALTH

Percent of Low Birth Weight Infants, District of Columbia, 1987-1997 9

Adequacy of Prenatal Care for D.C. Mothers Percent of Mothers, 1995, 1996, 1997 9

Infant Mortality Rate (Babies Under One Year) District of Columbia, 1987-1997 10

Children and Teens Diagnosed with AIDS by Age Group, Cumulative as of December 31, 1996; December 31, 1997; and June 30, 1998, District of Columbia 10

Children and Teens Diagnosed with AIDS through June 30, 1998 Living With AIDS and Deceased, District of Columbia 10

Cases of Chlamydia, Gonorrhea and Syphilis Diagnosed in Persons Under Age 20, District of Columbia, 1996, 1997, and 1998 10

Percent of Diagnosed Cases of Chlamydia, Gonorrhea and Syphilis by Age Group, District of Columbia, 1998 11

Percentage of 19-35 Month Olds Completing Immunization Series on Schedule, District of Columbia, 1998 11

F. SAFETY AND PERSONAL SECURITY

Child and Teen Deaths by Age, District of Columbia, 1995, 1996, and 1997 11

Violent Deaths to Teens Ages 15 to 19, District of Columbia, 1987 - 1997 12

Deaths to Teens Ages 15 to 19 by Homicide and Legal Intervention District of Columbia, 1987 - 1997 12

Juvenile Cases Referred to D.C. Superior Court for All Causes, 1988-1998 12

Juvenile New Referrals by Type of Act, D.C. Superior Court, 1998 13

Juvenile Cases Referred to D.C. Superior Court for Acts Against Public Order, 1988-1998 13

Juvenile Cases Referred to D.C. Superior Court for Acts Against Persons, 1988-1998 13

Juvenile Cases Referred to D.C. Superior Court for Acts Against Property, 1988-1998 14

Cases Filed for Child Abuse, D.C. Superior Court, 1988-1998 14

Cases Filed for Child Neglect, D.C. Superior Court, 1988-1998 14

Abuse and Neglect Referrals by Age of Child, D.C. Superior Court, 1998 15

G. EDUCATION

Combined Math/Verbal Scores on Scholastic Aptitude Test D.C. Public Schools vs. National Average, 1992 – 1998 15

Percent of Students Performing at Basic Proficiency Level or Higher, Stanford 9 Achievement Tests for Reading D.C. Public Schools, 1997 and 1998 15

Percent of Students Performing at Basic Proficiency Level or Higher, Stanford 9 Achievement Tests for Reading D.C. Public Schools vs. The Nation, 1998 16

Percent of Students Performing at Basic Proficiency Level or Higher, Stanford 9 Achievement Tests for Mathematics D.C. Public Schools, 1997 and 1998 16

Percent of Students Performing at Basic Proficiency Level or Higher, Stanford 9 Achievement Tests for Mathematics D.C. Public Schools vs. The Nation, 1998 16

Graduation Rate for Classes of 1988 to 1998, D.C. Public Schools 17

Enrollment in Kindergarten, Pre-Kindergarten and Pre-School Classes D.C. Public Schools, 1989/90 -1998/99 School Year 17

Free and Reduced Price Lunches in D.C. Public Schools 17

H. SELECTED INDICATORS BY WARD

Ward 1 & 2 18

Ward 3 & 4 19

Ward 5 & 6 20

Ward 7 & 8 21

Citywide 22

III. **Children and Youth with Special Needs: An Unnoticed and Underserved Population**

Children Under Age 5 with Special Needs 24

ERRATA

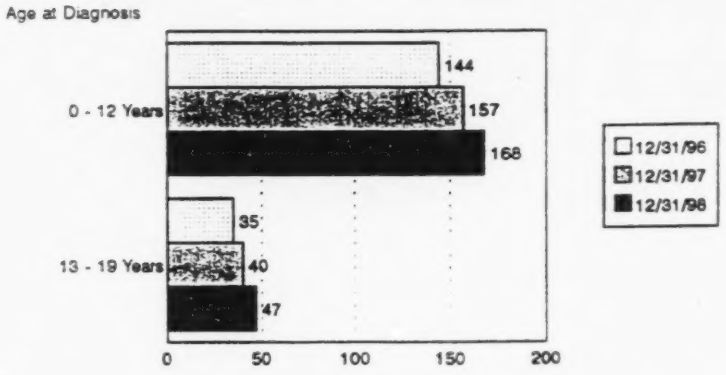
Page 10

4. The number of pediatric AIDS cases in the District has grown somewhat since last year's report.

At this writing, data on AIDS cases for the District of Columbia are now available through December 31, 1998. At that point in time, 168 D.C. children 12 years old and younger had been diagnosed with AIDS. This was an increase of 11 cases since December 31 of 1997. Teenagers 13 through 19 who had been diagnosed with the disease increased by seven, from 40 to 47.

Of the 168 children 12 and under diagnosed with AIDS through the end of 1998, 91 (54 percent) were living with the disease, while the remaining 77 (46 percent) had died of the disease or complications. Of the 47 teens with AIDS, 36 (77 percent) were living with AIDS while 11 (23 percent) had died. Most of the AIDS cases in children under 13 were perinatal, meaning that they contracted the disease from their mothers before or at the time of birth.

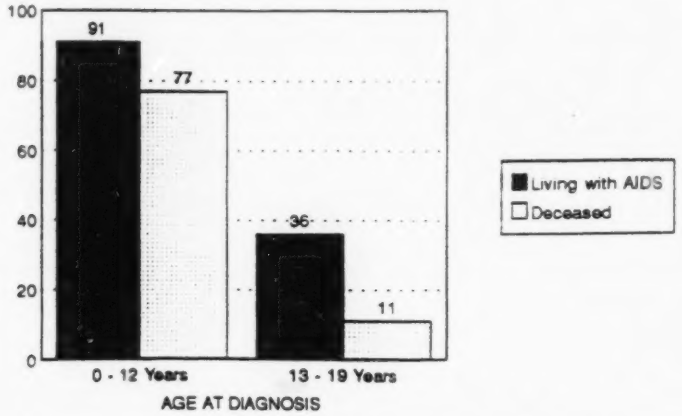
CHILDREN AND TEENS DIAGNOSED WITH AIDS BY AGE GROUP AS OF DECEMBER 31, 1996, DECEMBER 31, 1997 AND DECEMBER 31, 1998*
DISTRICT OF COLUMBIA



Source: Administration for HIV/AIDS, HIV/AIDS Surveillance and Epidemiology Division

*Note: Numbers are cumulative and include persons already deceased

CHILDREN AND TEENS DIAGNOSED WITH AIDS THROUGH DECEMBER 31, 1998 LIVING WITH AIDS AND DECEASED
DISTRICT OF COLUMBIA



Source: Administration for HIV/AIDS, HIV/AIDS Surveillance and Epidemiology Division

over

BEST COPY AVAILABLE

Pages 16-17

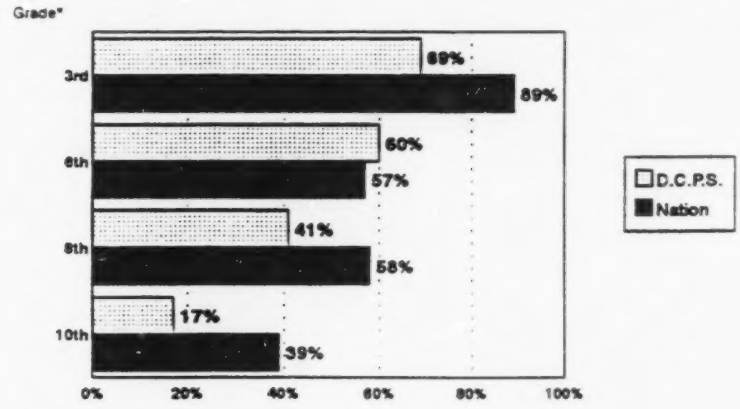
5. In most grade levels for which data are available, the District lags behind the nation in math performance.

Encouraging as the recent improvement in math performance of the D.C. Public Schools may be, D.C.P.S still lags far behind the nation as a whole in three out of four grades for which we have comparative data.

In third grade, 89 percent of students nationally are performing at basic proficiency level or higher, compared to 69 percent of D.C. students. In eighth grade, the percentages are 58 for the nation and 41 percent for D.C. And in tenth grade the difference widens to 39 percent nationally vs. only 17 percent in the District.

The exception is sixth grade, in which 60 percent of D.C. students score at or above basic proficiency level, while the achievement of children in the nation as a whole is slightly lower at 57 percent.

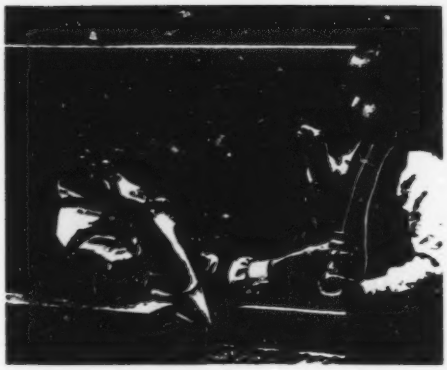
PERCENT OF STUDENTS PERFORMING AT BASIC PROFICIENCY LEVEL OR HIGHER
STANFORD 9 ACHIEVEMENT TESTS FOR MATHEMATICS
D.C. PUBLIC SCHOOLS VS. THE NATION, 1998



Source: Parents United for D.C. Public Schools
* National averages provided only for Grades 3, 6, 8 and 10

BEST COPY AVAILABLE

Purpose of the Fact Book



This fact book is the sixth annual report produced by the D.C. KIDS COUNT Collaborative on the lives of children and their families in the District. The purpose of the annual fact book is to provide data about the well-being of children in the District of Columbia and to place the statistics within a meaningful context. The majority of the indicators reported herein were selected by the Annie E. Casey Foundation and the Center for the Study of Social Policy to mirror those reported in the National KIDS COUNT Data book that Casey produces annually. D.C. KIDS COUNT has expanded the original list to include additional indicators that are relevant to the District of Columbia. We add new indicators when we find data that meet our standards, and we welcome suggestions for additions from our readers.

This publication provides a broad view of the status of children and youth in the District. We seek to inform our readers about the issues affecting children and their families in the District. We encourage community residents, policy makers, professionals, and others who work with and on behalf of children and families to create conditions that foster the optimal health and development of our children.

As usual, we stress the importance of family and community in the lives of our children. We at KIDS COUNT believe that an approach based on systems theory is needed to affect real change in the District. Accordingly, children, families, communities, and government institutions are viewed as an integrated whole. Thus, malfunction in one area impacts the entire system. In devising solutions to the problems facing children in the District, the interactions and relationships among and between the components of the system must be understood and the systemic impact of any changes considered.

We hope that community leaders will use this report, in conjunction with previous reports, for formulating strategic plans and policies that support children and families in the District. We also hope that the fact book will serve as a catalyst for service providers, business leaders, local government, and community members to begin to collectively address the issues brought to light.

I. EXECUTIVE SUMMARY

The 1999 Fact Book is our sixth to date. It contains the most recent data that were available when we went to press on each of our selected indicators of child well-being in the Nation's Capital.

The figures we report here may not match those shown for the District of Columbia in the 1999 National KIDS COUNT Data Book, published by the Annie E. Casey Foundation. There are two main reasons:

1. The primary source of our data is the District of Columbia Government, while the national book employs data from federal agencies. The two sources sometimes use different data collection methods.
2. Our fact book is more current, containing data for 1997, 1998, and sometimes 1999. The national book employs mainly 1996 and 1997 data. In addition, D.C. KIDS COUNT reports on many indicators that are not included in the national volume.

Many of our indicators show improvement this year. Especially notable are some of those dealing with child health, youth crime, and education. Much still remains to be done, and we are cautious about proclaiming that new and better trends are emerging after watching too many temporarily improving indicators reverse direction in the past. Still, there are numerous changes that give us hope that conditions for children and families are improving as we enter the new millenium.

General Population Trends

- The District's population, which has been in a downward trend for decades, is still declining, with a 14 percent loss between 1990 and 1998. However, the rate of decline has begun to level off.
- The number of births has been declining even faster than the population, with a one-third drop in the first seven years of the 1990s. The decrease in births has begun to moderate, as well.

Economic Security

- Under welfare reform, the roster of children receiving public assistance has begun to shrink. The FY 1998 average number is 41,165, a 12 percent decline from 1997 and a 19 percent drop from the peak of over 50,000 in 1995.
- The number of jobs in the District, which decreased by 11 percent between 1990 and 1998, has begun to increase again. The number of persons working or looking for work has increased also, and the unemployment rate has decreased. Nonetheless, suburbanites continue to hold most of the jobs in D.C.

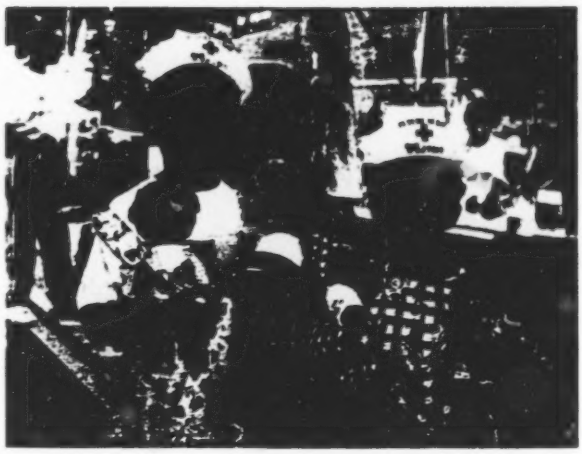
Family Attachment and Community Support

- In 1998, 58 percent of children in the District of Columbia were living in homes where the father was absent. This is up from 55 percent in 1996 and 49 percent in 1990.
- Births to single mothers in D.C. decreased to 64 percent of all births in 1997, down from 66 percent in each of the preceding two years. This figure has been decreasing since 1993, when it peaked. However, the current figure is still greater than the 60 percent registered in 1987.
- Births to teen mothers decreased by more than one percentage point in 1997, reaching 15.6 percent of all births. The trend appears to have been slightly downward, but somewhat irregular since 1990.
- Paternity cases filed with the D.C. Courts totaled 1,549 in 1998, the lowest level of any year for which we have statistics. However, this indicator varies widely from year to year and no clear trend has emerged.
- Child support cases filed with the D.C. Courts declined to 1,319 in 1998 from 1,591 in 1997. The number of cases filed peaked in 1994 at 2,562, and has declined each year since.

- Child neglect cases filed with the D.C. Courts decreased slightly to 1,381 in 1998. There was a four percent increase from 1996 to 1997.
- Child abuse cases increased by 20 percent from 1997 to 1998 to a total of 304. The trend has been upward since 1994. The largest concentrations of both abuse and neglect cases involve victims under one year of age.

Child Health

- The percent of low birth weight babies (i.e., under 5.5 pounds at birth) dropped to 13.5 percent in 1997 from 14.2 percent in 1996. The trend has been downward, though somewhat irregular since 1989 when it was 16.1 percent.
- Since 1995 the percentage of mothers receiving adequate prenatal care has increased 6.5 percentage points, while the percentage receiving inadequate and intermediate care has decreased. Still, more than 40 percent of D.C. mothers do not receive adequate prenatal care.
- The infant mortality rate has been declining sharply, and as of 1997, was at 13.1 deaths per 1,000 live births. This is down by 44 percent from its peak level in 1988. Still, it is nearly twice the national level of 7 infant deaths per 1,000 live births.
- The number of kids diagnosed with AIDS has grown alarmingly. Pediatric AIDS cases diagnosed in children 12 and under jumped by 70 percent in the six months from December, 1997 to June, 1998. They now stand at 267. AIDS cases diagnosed in teens rose by 120 percent during the same period to reach a total of 88.
- The total number of cases of the three most common sexually-transmitted diseases — chlamydia, gonorrhea, and syphilis — has declined slightly among D.C. children and teens. While gonorrhea and syphilis have both decreased, chlamydia — now the leading cause of sterility among American women — remains on the rise. Nearly half of all newly-diagnosed cases of chlamydia in D.C. afflict persons under age 20.



Safety and Personal Security

- Deaths to D.C. children and youth declined 15 percent from 261 in 1996 to 222 in 1997. Between 1995 and 1996 there was a seven percent drop. A sharp drop in infant deaths was attributable both to fewer births and to better prenatal care. Teen deaths were also down in 1997, with a 13 percent drop.
- Violent deaths to teens declined by 21 percent from 1996 to 1997, the fourth consecutive decrease. It brought them down to 62—the same number as in 1988, the year in which teen deaths had more than doubled following the advent of crack cocaine and the large-scale importation of guns to the District.
- In 1997, 55 teens ages 15 to 19 were victims of homicide or death at the hands of police. This was an 18 percent decrease over the previous year and the lowest figure

since 1988. The trend has been downward since 1993. Homicide is by far the largest cause of death to teens in D.C. In 1997 there were also 15 non-violent teen deaths, five suicides, and two accidental deaths.

- New juvenile referrals to D.C. Superior Court in 1998 totaled 3,080. This was the second consecutive decline, bringing the number of juvenile cases to the lowest level since 1986, the earliest year for which D.C. KIDS COUNT has data.
- Acts Against Public Order, mainly involving possession of drugs or guns, accounted for 38 percent of cases brought against D.C. youths in 1998. This is the most common category of juvenile offenses. These cases numbered 1,183 in 1998, up by just three from 1997.
- Acts Against Persons decreased by 17 percent in 1998, reaching 893, the lowest level since 1989. These are the District's second most common type of youth crime, representing 29 percent of all juvenile cases. The great majority of these cases allege assault.
- Property crimes of which juveniles were accused totaled 864 in 1998, down by 13 percent since 1997. This figure decreased by 36 percent in only two years (from 1996 to 1998). Most of these crimes involved automobiles.

Education

- On Scholastic Aptitude Tests, D.C.P.S. students average scores that are about 18 percent lower than children nationally. Furthermore, while the national average has been increasing gradually and almost constantly, the local average has been declining slowly since 1995, after improving earlier in the decade.
- The percent of D.C.P.S. students who perform at basic level or better in reading increased between 1997 and 1998 at every grade level for which scores are available for both years (test data for grades seven and nine are not provided for 1997). Basic is the degree of proficiency required for promotion to the next grade level.
- At most grade levels, D.C.P.S. students are behind the nation in reading performance. Students in 6th and 8th grades performed better than the nation as a whole, however.
- In math performance on the Stanford 9, D.C.P.S. students showed improvement between 1997 and 1998, as measured by the percentage who performed at basic proficiency level or higher. This improved performance was registered at all four grade levels for which math scores were available - 3, 6, 8 and 10.
- Nonetheless, D.C. P. S. students continue to lag far behind the rest of the nation in math proficiency, and performance worsens as students progress to higher grades.
- Enrollments in all three of the District's early childhood education programs are down somewhat, with the largest decline being in the full-day early childhood education for four-year-olds.

II. SELECTED INDICATORS OF CHILD WELL-BEING IN THE DISTRICT OF COLUMBIA

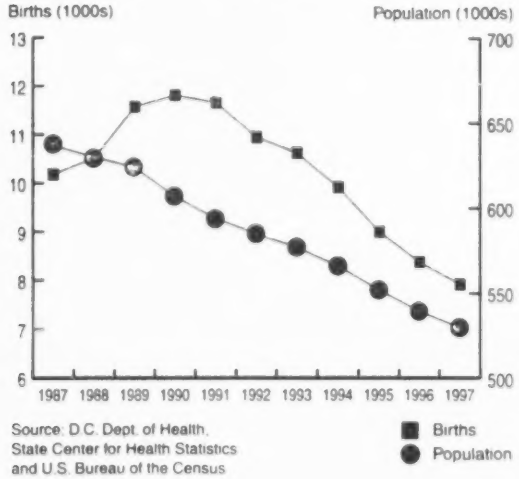
A. GENERAL POPULATION TRENDS

1. The District's downward population trend has continued. However, the rate of decline has begun to level off.

The District of Columbia's population, like that of many other major cities, has been shrinking. The loss began decades ago, but accelerated during the current decade. According to the U.S. Census Bureau, the city has lost nearly 84,000 people or 14 percent since the 1990 Census, bringing the 1998 population to 523,124. However, in recent years the rate of decline has been tapering off. The decrease between 1997 and 1998 was about 6,800, compared to an annual average of over 10,000 for the decade.

Many of those leaving have been families with children. A survey of over 8,500 District residents conducted by the Greater Washington Research Center showed that the number of children in District households declined by 17 percent, from 114,200 in 1990 to 94,500 in 1997. Again, this loss continues a decades-long trend. In 1960 there were about 220,000 children living in the District, more than twice the current number.

TRENDS IN BIRTHS VS. POPULATION
District of Columbia, 1987 - 1997



Source: D.C. Dept. of Health, State Center for Health Statistics and U.S. Bureau of the Census

2. Births have been declining even faster than population.

Between 1990 and 1997, births declined from about 11,800 annually to around 7,900, a decrease of one-third. This was more than twice the percentage loss in population. However, the decrease between 1996 and 1997 (the latest year for which we have birth data) was 461 births vs. an average of 556 annually for the entire 1990-1997 period.

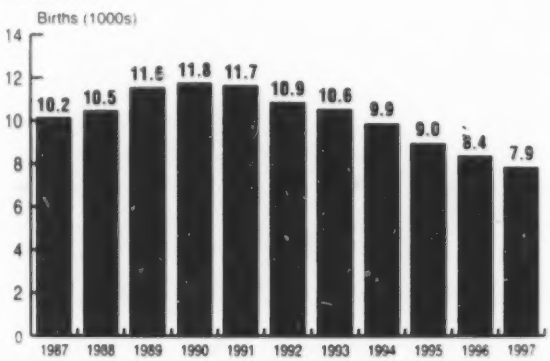
Nationally, births declined six percent between 1990 and 1997. More recently, however, the number of births has begun to increase.

In the District the primary reason for the decline in births has been the loss of persons of childbearing age. The Greater Washington Research Center found that 38,500 fewer people aged 15 to 44 (the prime years for family formation and childbearing) resided in the District in 1997 than in 1990, representing a 15 percent decrease over this period.

The declining number of births has been partly responsible for decreases in such indicators of child well-being as the number of births to teenage mothers, the number of low birth weight babies, and the number of infant deaths. To help prevent mistaken conclusions about the meaning of these decreases, we show many indicators not in terms of absolute numbers but as rates — e.g., the percent of babies born at weights below 5.5 pounds, or the percent of births to teen mothers.

Stated in such terms, the indicators have not always shown improvement. Even so, this year's numbers are, in many cases, an improvement over those found in prior report.

BIRTHS TO DC RESIDENTS
1987-1997



Source: D.C. Dept. of Health, State Center for Health Statistics

3. Four out of five children in the District are African-American.

According to the Greater Washington Research Center, 80 percent of the District's children were African-American in 1997, although the overall population is only 64 percent African

American. The percentage of African American children is the same as that reported in the 1990 Census, despite a decline in the overall child population since that year. The reason for this is that most of the white households in the District are childless. In fact, only about 11 percent or 9,400 of the city's 85,000 white households have children, while 31 percent of African American households have children.

B. ECONOMIC SECURITY

1. The District of Columbia ranked 17th among the 25 largest U.S. cities in the percent of its people who were in poverty by federal standards at the 1990 Census.

The1990 Census reported that 16.9 percent of District residents were living below the federal poverty level. However, the income levels below which households are determined to be in poverty are national figures and are not adjusted for local living costs. Thus, since Washington is a much more expensive place to live than most other cities, many more families are living under circumstances of economic hardship, although they are not considered to be living in poverty by federal guidelines. The federal poverty thresholds are very stringent. In 1996, a family consisting of a mother and one child under 18 would be above the poverty threshold if they had an income over $10,815. For a mother with two children, the threshold was $12,641.

More recent survey data from the Greater Washington Research Center indicate that about 80,000 persons in District households or 16 percent were living in poverty in 1996 vs. 93,600 in 1990. The 17 percent reduction in poor persons since 1990 was primarily due to the decline in the District's population during this period.

Percent of Persons Below Poverty Level In the 25 Largest Cities, 1990

City	Percent of Persons Below Poverty Level
Detroit, MI	32.4%
Cleveland, OH	28%
El Paso, TX	25%
Memphis, TN	25.3%
San Antonio, TX	23%
Milwaukee, WI	22.2%
Baltimore, MD	21.9%
Chicago, IL	21.6%
Houston, TX	20.7%
Philadelphia, PA	20.3%
New York, NY	19.3%
Los Angeles, CA	18.9%
Boston, MA	18.7%
Dallas, TX	18.0%
Austin, TX	17.9%
Columbus, OH	17.2%
WASHINGTON, DC	**16.9%**
Phoenix, AZ	14.2%
Nashville-Davidson, TN	13.4%
San Diego, CA	13.4%
Jacksonville, FL	13.0%
San Francisco, CA	12.7%
Indianapolis, IN	12.5%
Seattle, WA	12.4%
San Jose, CA	9.3%

Sorce: U.S. Census of Population, 1990

2. Poverty in the District is highest among children, single mothers, and persons living in Wards 8, 7, and 2.

In 1990, 25.5 percent of all children in the District of Columbia were living under the federal poverty threshold. In Ward 8, the percentage was 38.7, followed by Ward 7 at 32.0 percent, and Ward 2 at 30.6 percent.

Poverty is quite high in some parts of the city. In Ward 8, 28.1 percent of all persons were in poverty in 1990. In both Ward 2 and Ward 7, more than 20 percent of all persons were living in poverty.

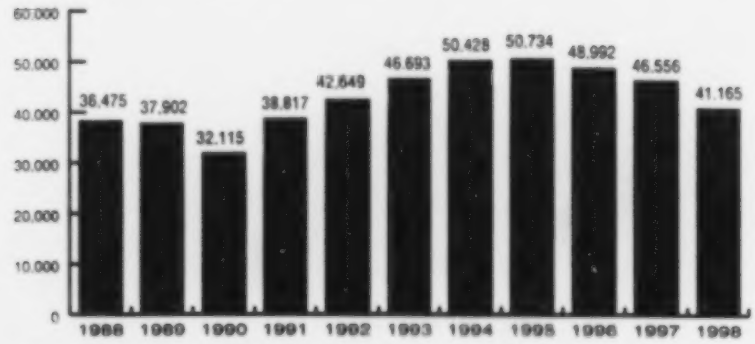
Poverty is highest among families headed by single mothers. In the District in 1990, 33 percent of female-headed families were in poverty. In Ward 8, the figure was 45.3 percent; in Ward 2 it was 37.4 percent; in Ward 1 it was 35.9 percent; and in Ward 7 it was 34.3 percent.

3. Under welfare reform, the number of children in the District receiving aid has begun to shrink considerably.

In Fiscal Year 1998, an average of 41,165 children in D.C. received Temporary Assistance to Needy Families (TANF). TANF replaced Aid to Families with Dependent Children (AFDC) under the Welfare Reform Act of 1996.

The 1998 figure is a decline of nearly 5,400 or 12 percent from the 1997 number. The 1997 figure of 46,556 represented a decrease of about five percent from 1996. The public assistance caseload peaked in 1995 with 50,734 children. Since then it has decreased by over 9,600 or 19 percent.

CHILDREN RECEIVING WELFARE ASSISTANCE
Washington, D.C. 1988 - 1998



Source: D.C. Income Maintenance Administration

4. The number of jobs in the District, which had fallen between 1990 and 1998, has begun to increase again.

In 1990 there were nearly 684,000 jobs in the District — more than one job per person in the District's population. From 1990 to 1998 the number of jobs decreased by about 75,000 or 11 percent. Most of this loss was caused by government cutbacks — 48,000 jobs in the federal and District governments were lost. In addition, 27,000 private-sector jobs were lost, mainly to the suburbs.

However, 5,000 new jobs were created from 1998 to 1999. The April 1999 figure is 614,100 vs. 609,000 in 1998. Still, most jobs located in D.C. are not held by D.C. residents.

As the number of jobs has increased, the number of persons in the District's civilian labor force has begun to grow also. In mid-1998, it was 265,000. By April of 1999, it had increased to 267,800. The District's unemployment rate has dropped also — from 8.6 percent in April of 1997 to 6.3 percent in April of 1998.

The latest figures indicate that 16,900 D.C. residents were unemployed and looking for work in April 1999. This figure does not include the many thousands more who were also unemployed, but were not seeking work because they were convinced no one would hire them. These persons are called "discouraged workers."

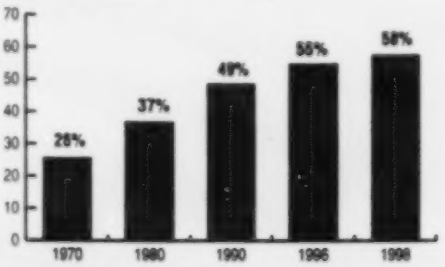
The D.C. unemployment rate has typically been well over three times as high as the suburbs' rate. The statistics for April 1999, the latest available when this year's Kids Count report went to press, indicate that the District's rate in that month was 6.3 percent — the lowest in nearly nine years. The suburban unemployment rate, however, stood at only 1.9 percent — a level so low as to create severe labor shortages affecting jobs of nearly all types.

C. FAMILY ATTACHMENT AND COMMUNITY SUPPORT

1. Well over half of the District's children are growing up in homes where the father is absent, and the percentage is growing.

Recent data from the Census Bureau confirm the finding of a Greater Washington Research Center survey cited in the 1998 D.C. KIDS COUNT fact book, that more than half of the District of Columbia's children were living in homes where the father did not reside. The Research Center's statistics, which were for 1996, put the percentage at 55. The Census Bureau data indicate that by 1998 the rate had increased to 58 percent.

PERCENTAGE OF CHILDREN IN HOMES WITH ABSENT FATHERS
District of Columbia, 1970 - 98



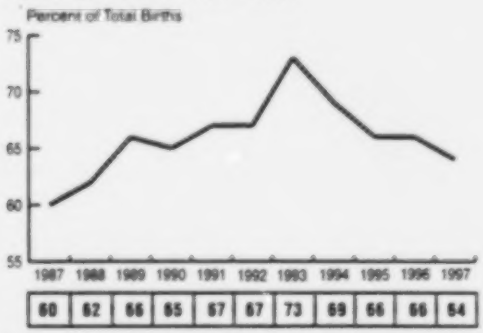
Source: 1970 - 1990, U.S. Census of Population
1996, Greater Washington Research Center
1998, U.S. Current Population Survey

2. The percent of births that are to single mothers declined in 1997.

In 1997, 64 percent of all births in the District of Columbia were to single mothers. That was down from 66 percent, the level in both 1995 and 1996. The trend has been downward

since 1993, when it peaked at 73 percent. The percentage of births to single mothers has not dropped as low as it has been in previous decades, however.

PERCENT OF BIRTHS TO SINGLE MOTHERS
District of Columbia, 1987 - 1997



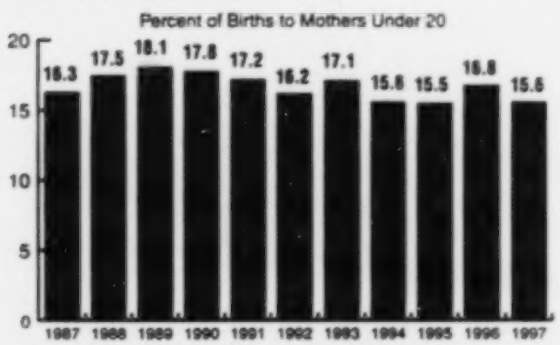
60	62	66	65	67	67	73	69	66	66	64

Source: D.C. Dept. of Health, State Center for Health Statistics

3. The percent of births to teenage mothers decreased from 1996 to 1997, but it remains slightly higher than it was in 1995.

In 1997, 15.6 percent of babies born in the District had teenage mothers. This was down from 16.8 percent in 1996, but was still higher than the 1995 figure of 15.5 percent. The trend appears to have been slightly downward, though irregular, since 1989.

PERCENT OF BIRTHS TO TEENAGE MOTHERS
District of Columbia, 1987-1997

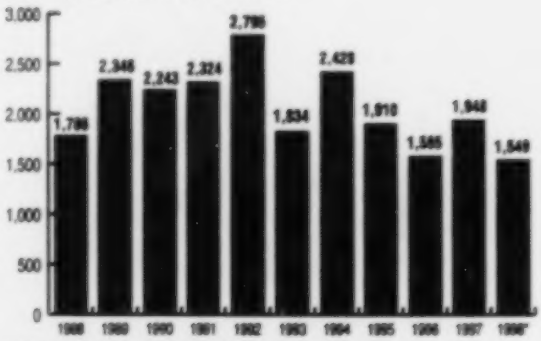


Source: D.C. Dept. of Health, State Center for Health Statistics

4. Paternity cases have reached a new low, but that doesn't necessarily represent a new trend.

Cases alleging paternity filed with the D.C. Courts numbered 1,549 in 1998. This is a lower level than in any year since 1986, the earliest year for which D.C. KIDS COUNT has data. However, this does not necessarily represent a trend. Paternity cases have a long history of substantial and rapid fluctuations, both upward and downward. Last year's figure was higher than those of four years out of the previous nine.

CASES FILED FOR PATERNITY
D.C. Superior Court, 1988 - 1998*



Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished, Research and Development Division, District of Columbia Courts

5. Child support cases have declined in number for the fourth straight year.

There were 1,319 new cases for child support filed with the D.C. Courts in 1998. New cases peaked in 1994 at 2,562, then dropped sharply in 1995. The number has been declining steadily ever since.

CASES FILED FOR CHILD SUPPORT
D.C. Superior Court, 1988 - 1998*

Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished, Research and Development Division, District of Columbia Courts

D. HOMELESS CHILDREN AND FAMILIES

The number of families applying for shelter decreased for the second consecutive year, while the percentage of children ages 5 and under applying for shelter increased.

Since 1995, homeless services in the District of Columbia funded through federal and local public sources have been administered by The Community Partnership for the Prevention of

Homelessness. The services, or "homeless continuum of care," include street outreach, emergency shelter, transitional housing programs, permanent housing programs with supportive services, and stand-alone services such as health care, job training and day care for homeless individuals and families with children. In total, the public continuum of care for homeless families in the District directly served approximately 1,014 families with 1,974 children in emergency shelter, as well as through other housing and supportive service programs in 1998.

Demand for emergency shelter is the indicator used by The Community Partnership to measure need for homeless services. In 1998, 989 new families with 2,413 children applied for emergency shelter, a decrease from 1,074 new applicant families in 1997 and 1,406 new applicant families in 1996. Sixty-three percent of the children in families applying for shelter in 1998 were 5 years of age or younger, an increase from 57 percent in 1997. Eighty-three percent of families applying for shelter were living with family or friends at the time of application.

Of the families that applied for shelter in 1998, 370 were placed into emergency apartments or alternative placements. At the end of 1998, 267 families with children remained on the waiting list for shelter. The remainder did not respond when their waiting list number was called or were ineligible.

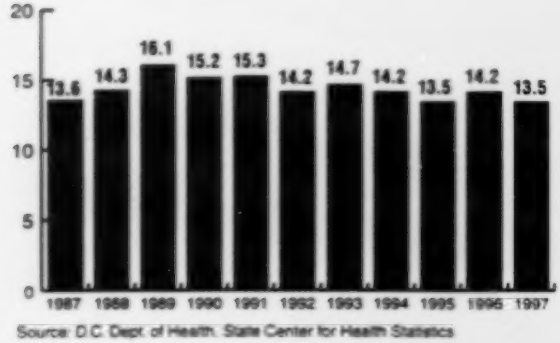
E. CHILD HEALTH

1. The percentage of babies born with low birth weights declined between 1996 and 1997.

The percentage of low birth weight babies (i.e., those weighing under 5.5 pounds at birth) declined to 13.5 percent in 1997 from 14.2 percent in 1996. Since peaking at 16.1 percent in 1989, the trend has been downward but irregular. The 1997 level is 16 percent lower than the 1989 level.

PERCENT OF LOW BIRTH WEIGHT INFANTS
District of Columbia, 1987-1997

Percent of All Births Under 5.5 Pounds



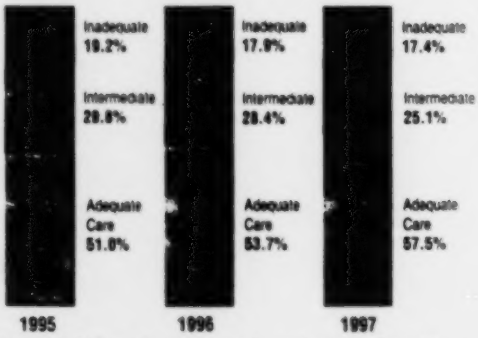
Source: D.C. Dept. of Health, State Center for Health Statistics

2. The percentage of women receiving adequate prenatal care continues to grow, but there is still a substantial percentage who do not receive adequate prenatal care.

Of the women in D.C. who gave birth in 1997, 57.5 percent received adequate prenatal care. This figure was up from 53.7 percent in 1996, and 51 percent in 1995. The number of women receiving intermediate care decreased in both 1996 and 1997 as did the number of women receiving inadequate prenatal care. However, 17.4 percent of women still receive inadequate prenatal care. The figures suggest that the increase in women receiving adequate prenatal care is a result of increased services to women who were previously more likely to be in the intermediate group. Moreover, it appears that there continues to be a population of expecting mothers that have restricted access to services and may need intensive outreach efforts to ensure that they receive adequate prenatal care.

Adequacy of prenatal care is determined by a somewhat complex method that takes into account how soon after conception care was initiated, as well as the number of prenatal visits the mother had in relation to the length of her pregnancy. In general terms, however, prenatal care is considered adequate if the mother began receiving it in the first trimester and had at least nine visits if her pregnancy lasted the full nine months. (For a more detailed definition see the section entitled "A Word About the Data.")

ADEQUACY OF PRENATAL CARE FOR D.C. MOTHERS
Percent of Mothers, 1995, 1996, 1997



Source: D.C. Dept. of Health, State Center for Health Statistics

3. The city's infant mortality rate has continued its sharp decline. It is now down 44 percent from its peak level in 1988.

In 1997, 13.1 infants (i.e., babies up to one year old) died for every 1,000 live births in the District of Columbia. This was the lowest infant mortality rate since 1982, the earliest year for which D.C. KIDS COUNT has data. The rate was highest in 1988, at 23.2 deaths per 1,000 live births, and the trend has

BEST COPY AVAILABLE

been downward in the years since.

Despite the tremendous improvement on this indicator, the District's figure remains at almost twice the national level, which has also been declining and now stands at about 7 infant deaths per 1,000 live births.

INFANT MORTALITY RATE (BABIES UNDER ONE YEAR)
District of Columbia, 1987-1997

Source: D.C. Dept. of Health, State Center for Health Statistics

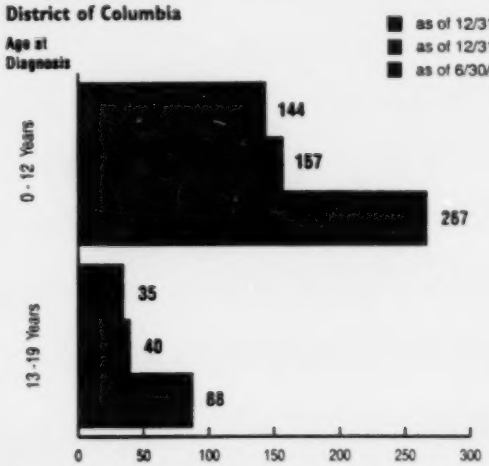
4. The number of pediatric AIDS cases has grown alarmingly since last year's report.

At press time, the latest available data on AIDS diagnosed cases among D.C. children and teens were for June 30, 1998. This means that we only have six months of new data since last year's fact book, instead of a full year of data, as is the case with the other indicators we report. The chart shows the change over this brief period, and compares it to the 1996 data as well.

The number of AIDS cases diagnosed in children and teens is increasing rapidly. Between the end of 1997 and the middle of 1998, the number of AIDS cases diagnosed among children aged 12 and under jumped by 70 percent, from 157 to 267. AIDS cases diagnosed in teens ages 13 to 19 jumped by 120 percent, from 40 to 88.

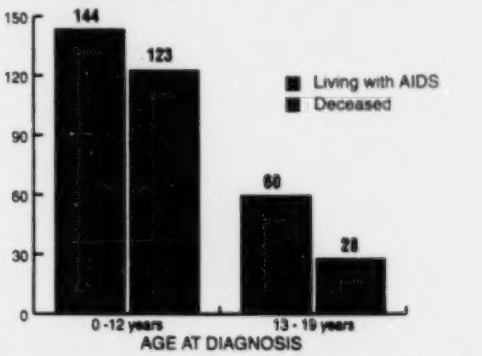
Of the 267 children 12 and under diagnosed with AIDS through June 30, 1998, 144 (54 percent) were living with the disease, while the remaining 123 (46 percent) had died of the disease or complications. Of the 88 with AIDS, 60 (68 percent) were living with the disease while the other 28 (32 percent) had died. Most of the AIDS cases diagnosed in children under age 13 were perinatal, meaning that the disease was contracted from their mothers before or at the time of birth.

CHILDREN AND TEENS DIAGNOSED WITH AIDS BY AGE GROUP CUMULATIVE AS OF DECEMBER 31, 1996; DECEMBER 31, 1997; AND JUNE 30, 1998*
District of Columbia



Source: Administration for HIV/AIDS, HIV/AIDS Surveillance and Epidemiology Division
*Note: Numbers are cumulative and include deceased persons.

CHILDREN AND TEENS DIAGNOSED WITH AIDS THROUGH JUNE 30, 1998, LIVING WITH AIDS AND DECEASED
District of Columbia

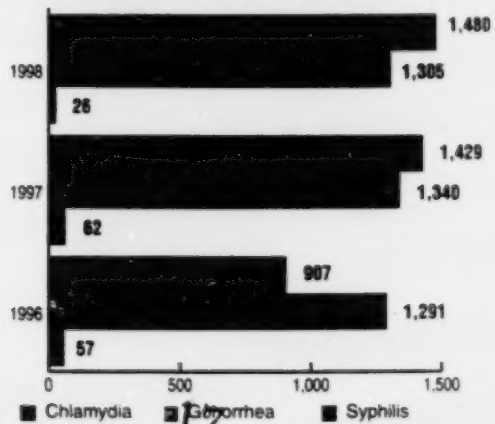


Source: Administration for HIV/AIDS, HIV/AIDS Surveillance and Epidemiology Division

5. The total number of cases of sexually transmitted diseases decreased slightly among the District's children and teens. However, the number of chlamydia cases rose from 1997 to 1998, while cases of gonorrhea and syphillis declined.

In 1998, a total of 2,811 cases of the three most common STDs — chlamydia, gonorrhea, and syphilis — were diagnosed among

CASES OF CHLAMYDIA, GONORRHEA AND SYPHILIS DIAGNOSED IN PERSONS UNDER AGE 20
District of Columbia, 1996, 1997 and 1998



Source: D.C. Bureau of STD Control, Surveillance Unit

BEST COPY AVAILABLE

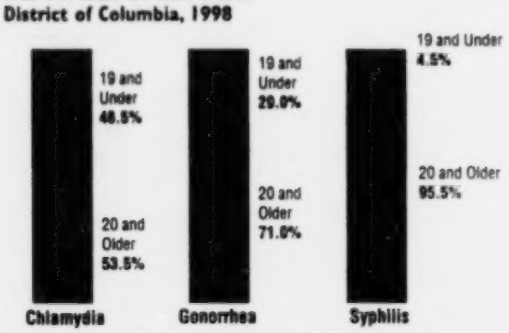
17

D.C. children ages 19 and under. In 1997, the total was 2,831.

The incidence of both syphilis and gonorrhea decreased, but cases of chlamydia continued to grow in number. While syphilis is the most serious, both gonorrhea and chlamydia can cause great harm if left untreated. Chlamydia is the leading cause of sterility in American women.

In 1998, nearly half — 46.5 percent — of all cases of chlamydia diagnosed in the District were in youth under age 20. For gonorrhea, the percentage was 29, and for syphilis it was 4.5.

PERCENT OF DIAGNOSED CASES OF CHLAMYDIA, GONORRHEA AND SYPHILIS BY AGE GROUP
District of Columbia, 1998

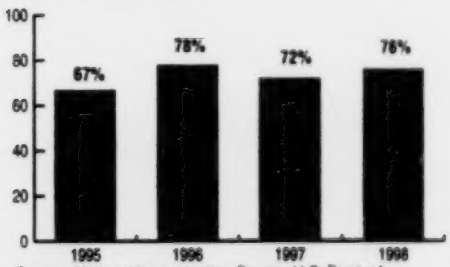


Source: D.C. Bureau of STD Control, Surveillance Unit

6. The percentage of two year olds who completed a standard immunization series on schedule increased in 1998.

The U.S. Department of Health and Human Services has set a goal of ensuring that by the year 2000, 90 percent of two year olds in the U.S. will complete the standard immunization series on schedule. The immunizations included in the series are four Diptheria, Tetanus, Pertussis (DTP) immunizations; three Polio immunizations; one Measle containing vaccine; and three Haemophilus influenza type b (Hib) shots. To achieve this goal, the Vaccines For Children (VFC) program, was established to ensure access to free vaccinations to all children, regardless of income.

PERCENTAGE OF 19 - 35 MONTH OLDS COMPLETING IMMUNIZATION SERIES ON SCHEDULE
District of Columbia, 1998



Source: National Immunization Survey, U.S. Dept. of Health and Human Services, Centers for Disease Control

The National Immunization Survey is conducted annually by the Centers for Disease Control to measure the progress toward the national immunization goal.

In 1998, 76 percent of two year olds in D.C. completed the immunization series on schedule. The figure peaked at 78 percent in 1996, but dipped to 72 percent in 1997 before increasing again in 1998. The national average for 1998 was 78 percent.

F. SAFETY AND PERSONAL SECURITY

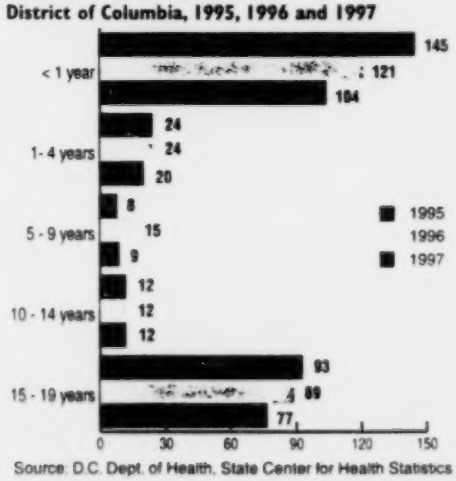
1. The number of deaths to children and teens decreased in 1997.

Between 1996 and 1997, the number of deaths to children and youth under age 20 dropped by 15 percent from 261 to 222. This followed a drop of seven percent between 1995 and 1996.

From 1995 to 1997, the largest number of deaths was among babies under one year of age. However, the largest decrease in deaths was also for this age group. From 1996 to 1997 the number of deaths to children under one year old dropped by 14 percent, from 121 in 1996 to 104 in 1997. From 1995 to 1996, deaths to children under one year had declined by 17 percent, from 145 to 121. Two factors are responsible for the drop in infant deaths. First, there were fewer babies born—six percent fewer in 1997 than in 1996. The second cause is the continuing improvement in prenatal care.

The second largest number of deaths was to teens between the ages of 15 and 19, at 77 deaths in 1997. This represented a reduction of 13 percent from the 1996 figure of 89. Guns, drugs and cars remain a serious hazard to youth in this age group.

CHILD AND TEEN DEATHS BY AGE
District of Columbia, 1995, 1996 and 1997



Source: D.C. Dept. of Health, State Center for Health Statistics

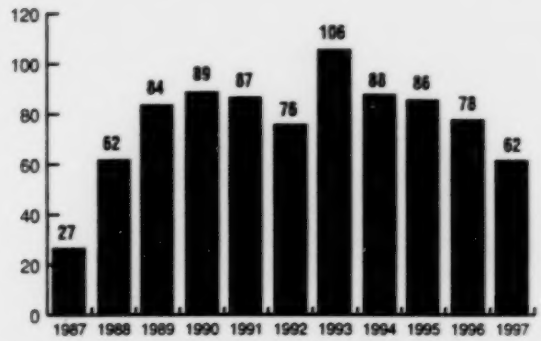
There were also declines in deaths of children in the one-to-four and five-to-nine year age groups. The ten-to-14 year age group showed no change. There were relatively few deaths in each of these age groups.

2. Violent deaths of teens ages 15-19 have decreased sharply.

The number of violent deaths to teens ages 15 to 19 decreased in 1997 to 62 from 78 the year before. This was a 21 percent drop, and followed a nine percent reduction the preceding year. Since violent causes are responsible for most of the deaths in this age group, the decrease in violence was the major reason for the decline in total deaths to teens.

In 1997, teen violent deaths declined for the fourth year in a row. It brought the number down to exactly the same level as in 1988. That was the same year in which teen deaths more than doubled following the advent of crack cocaine, together with large-scale importation of guns to the District. In the years prior to 1988, the number of teens dying violently had seldom exceeded 30.

VIOLENT DEATHS TO TEENS AGES 15 TO 19
District of Columbia, 1987-1997



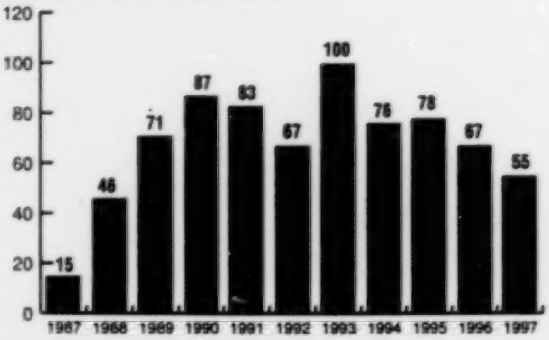
Source: D.C. Dept. of Health, State Center for Health Statistics

3. The number of teens murdered declined for the second consecutive year.

The number of D.C. teens ages 15 to 19 who died as a result of homicide or legal intervention (i.e., death at the hands of police) declined 8 percent from 67 in 1996 to 55 in 1997. Except for a slight increase in 1995, the trend has been downward since 1993, when the number of teens murdered peaked at 100. The declining number of deaths by homicide and legal intervention to teens in this age group is approaching the 1988 level, which marked the beginning of a period of dramatic increase in youth violence in D.C.

Nonetheless, violence, particularly murder, still accounts for the largest number of teen deaths by far. Sixty-two of the 77 total deaths to teens ages 15 to 19 in 1997 were due to violence, including five teen suicides and two accidents.

DEATHS TO TEENS AGES 15 -19
BY HOMICIDE AND LEGAL INTERVENTION
District of Columbia, 1987-1997

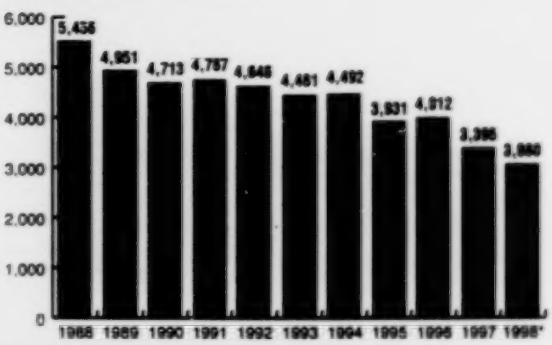


Source: D.C. Dept. of Health, State Center for Health Statistics

4. Juvenile cases referred to D.C. Superior Court for all causes have decreased for the second year in a row.

New referrals of juveniles to D.C. Superior court in 1997 totaled 3,080. This was the second decline in the same number of years, and brought juvenile cases to their lowest level since at least 1986, the earliest year for which D.C. KIDS COUNT has Court statistics. In the years since 1988, the trend in juvenile referrals has been generally downward, but at an irregular and gradual rate. Since 1996, however, the pace of decrease has been greater. This year's number represents a nine percent reduction. Last year's was 15 percent, bringing the number down by nearly one-fourth in just two years.

JUVENILE CASES REFERRED TO D.C. SUPERIOR COURT
FOR ALL CAUSES, 1988 - 1998*



Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished, Research and Development Division, District of Columbia Courts

5. Acts Against Public Order, Acts Against Persons, and Acts Against Property, respectively, are the most common types of offenses for which juveniles in D.C. are charged.

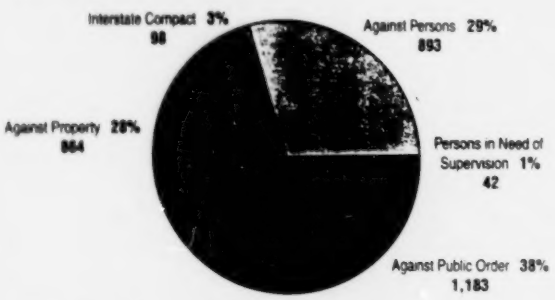
Acts Against Public Order comprised the largest share of new juvenile referrals to D.C. Superior Court in 1998 at 38 percent or 1,183. Public order offenses include possession of weapons and possession and sale of narcotics.

Acts Against Persons, which include assault, homicide, rape, and robbery, was the second largest category of offense at 29 percent or 893. Acts Against Property, including burglary, larceny, vandalism, and unauthorized use of autos were close behind at 28 percent or 864 referrals.

The combined number of Interstate Compact cases (i.e., persons extradited from other states) and Persons in Need of Supervision (i.e., juveniles who are out of parental control) totaled less than five percent of the new juvenile referrals in 1998.

The total number of juvenile cases referred to the Courts has dropped over the past decade, from a high of 5,456 in 1988 to a low of 3,080 in 1998—a 43 percent decrease.

JUVENILE NEW REFERRALS BY TYPE OF ACT D.C. SUPERIOR COURT, 1998*



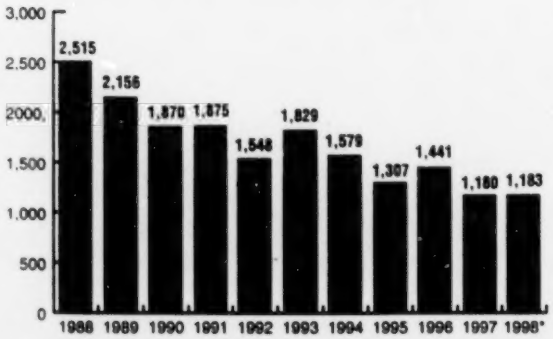
Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished. Research and Development Division, District of Columbia Courts

6. The number of alleged Acts Against Public Order remained almost unchanged in 1998.

Cases alleging Acts Against Public Order were up very slightly, from 1,180 in 1997 to 1,183 in 1998. Nearly half of all juvenile public order cases filed in 1998, 49 percent, alleged possession of narcotics. In another 14 percent, the charge was carrying a weapon.

Public Order Offenses have decreased by 47 percent since 1988, when the number of referrals was 2,515. Until 1998, the number had decreased substantially each year.

JUVENILE CASES REFERRED TO D.C. SUPERIOR COURT FOR ACTS AGAINST PUBLIC ORDER, 1988 - 1998*



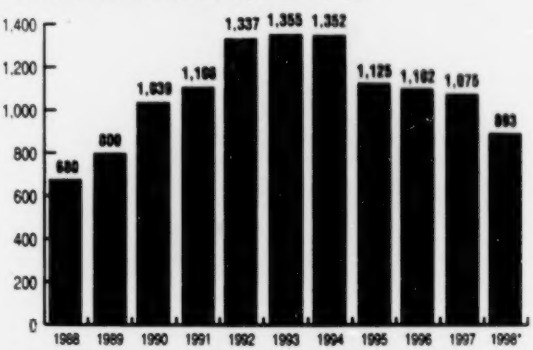
Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished. Research and Development Division, District of Columbia Courts

7. Alleged Acts Against Persons were down sharply.

In 1998 juveniles were brought before the D.C. Courts for 893 alleged Acts Against Persons. This was down from 1,075 in 1997, a 17 percent reduction. The great majority of the 1998 cases alleged assault. There were ten homicides, and no rapes.

Acts Against Persons began to climb in the late 1980s with the increasing drug trafficking in D.C. The number peaked in 1993 at 1,355 cases, and began to decline thereafter. It dropped sharply in 1995, to 1,125, and has since declined gradually each year. The 1998 figure is the lowest since 1989.

JUVENILE CASES REFERRED TO D.C. SUPERIOR COURT FOR ACTS AGAINST PERSONS, 1988 - 1998*



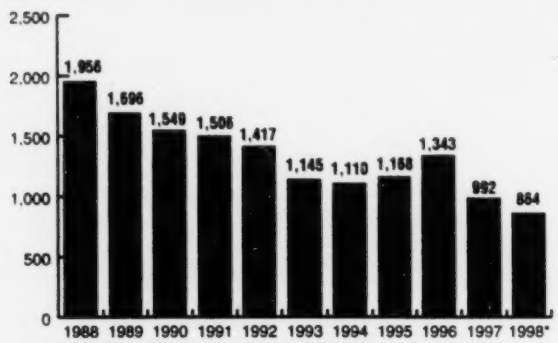
Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished. Research and Development Division, District of Columbia Courts

8. Juvenile Acts Against Property also declined in 1998 for the second successive year.

In 1998, property crimes for which juvenile cases were filed in the D.C. Courts decreased 13 percent to 864 from 992 in 1997. This followed a 26 percent drop in the preceding year. Most property crimes of which juveniles are accused involve automobiles. The second largest category is vandalism.

The 1998 figure of 864 is 44 percent of the 1988 high of 1,956 alleged property offenses. The number of alleged property offenses has been decreasing substantially since 1988, except for the years 1995 and 1996, when there was a brief increase. However, it has decreased for the last two years.

JUVENILE CASES REFERRED TO D.C. SUPERIOR COURT FOR ACTS AGAINST PROPERTY, 1988 - 1998*



Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished, Research and Development Division, District of Columbia Courts

9. The number of child abuse cases filed with the courts increased significantly in 1998.

Child abuse cases filed with the Courts increased 20 percent from 253 in 1997 to 304 in 1998. This was the highest level since 1992, when there were 397 cases filed.

CASES FILED FOR CHILD ABUSE
D.C. Superior Court, 1988 - 1998*

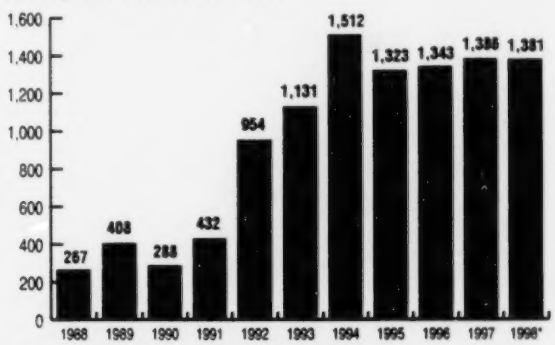
Source: District of Columbia Courts, Annual Reports
*Data for 1998 are unpublished, Research and Development Division, District of Columbia Courts

The number of abuse cases has fluctuated from 1988 to 1998, and there has been no long-term upward or downward trend. From 1988 to 1990, the number of cases increased substantially to reach a peak of 530. Cases began to gradually decline over the next several years, hitting a low of 189. In 1996, the trend began to turn upward.

10. Child neglect cases filed with the D.C. Courts were down slightly in 1998, after increasing the year before.

Child neglect cases declined very slightly from 1,386 cases in 1997 to 1,381 cases in 1998, marking the first decrease since 1995. The number of neglect cases reached a high of 1,512 in 1994, dropped substantially to 1,323 in 1995, and has leveled off somewhat in the years since. Nonetheless, there are still many more cases than there were in the years prior to 1990.

CASES FILED FOR CHILD NEGLECT
D.C. Superior Court, 1988 - 1998*



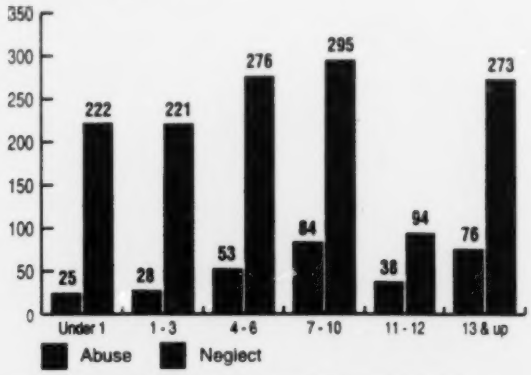
Source: District of Columbia Courts Annual Reports
*Data for 1998 are unpublished, Research and Development Division, District of Columbia Courts

11. The most common victims of child abuse and neglect are under one year of age.

In 1998, 222 infants were alleged to be neglected and 25 were alleged to be abused to the degree that brought them to the attention of the courts.

The age categories from 4 to 6 and 7 to 10 had higher total numbers of alleged neglected and abused children (276 neglect cases and 53 abuse cases for 4 to 6 year olds and 295 neglect and 84 abuse cases for 7 to 10 year olds). However, the 4 to 6 year age category represents three ages and the 7 to 10 year age category represents four ages. On a per-year-of-age basis, then, children under age one were allegedly abused and neglected more often than children in any other age group.

ABUSE AND NEGLECT REFERRALS BY AGE OF CHILD
D.C. Superior Court, 1998



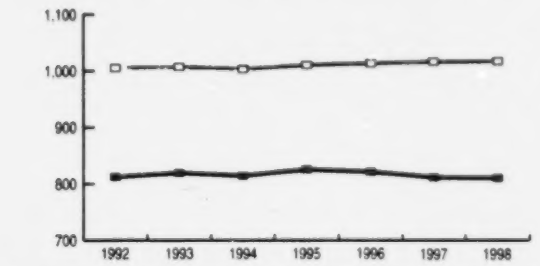
Source: Unpublished Data, Research and Development Division, District of Columbia Courts

G. EDUCATION

1. In Scholastic Aptitude Tests, students in the D.C. Public Schools average scores about one-fifth lower than children nationally, and their scores have been declining since 1995.

In 1998, the average combined math and verbal SAT score for D.C.P.S. students was 810. From 1992 to 1995, it had climbed from 812 to 825, but it has declined each year since. Conversely, the national average has inched up each year since 1995 from 1,010 to its 1998 level of 1,017.

COMBINED MATH/VERBAL SCORES ON SCHOLASTIC APTITUDE TEST
D.C. Public Schools vs. National Average, 1992-1998



	1992	1993	1994	1995	1996	1997	1998
D.C.P.S.	812	819	814	825	821	811	810
Nat'l Avg.	1,005	1,007	1,003	1,010	1,013	1,016	1,017

Source: Prepared by Mary Levy for Parents United for the D.C. Public Schools

2. The percent of D.C.P.S. students who performed at basic level or above on the Stanford 9 Achievement Tests for reading increased between 1997 and 1998 at every grade for which scores are available.

In 1997 the District of Columbia Public Schools discontinued The Comprehensive Tests of Basic Skills (in use from 1989 through 1996), and began using the Stanford 9 Achievement Tests to measure student performance. The Stanford 9 Tests show the percentages of students in each grade who perform at four different levels of proficiency, from "below basic" to "advanced." The categories are defined as follows:

Below Basic — little or no mastery of fundamental knowledge for this grade level;

Basic — partial mastery of the knowledge and skills that are fundamental for satisfactory work at this grade level;

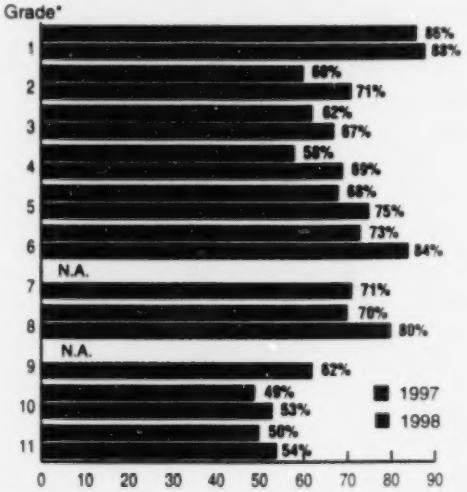
Proficient — solid academic performance, indicating that students are prepared for this grade level;

Advanced — superior performance, beyond grade level mastery.

The standard for promotion to the next grade is performance at basic proficiency or higher.

The percentage of students performing at basic proficiency or higher in reading increased for each grade level from spring 1997 to spring 1998. At second, fourth, sixth, and eighth grades, the increase was ten percent or greater. The grades which showed the least increase were first grade, tenth grade, and eleventh grade, respectively.

PERCENT OF STUDENTS PERFORMING AT BASIC PROFICIENCY LEVEL OR HIGHER
STANFORD 9 ACHIEVEMENT TESTS FOR READING
D.C. Public Schools, 1997 and 1998



Source: Parents United for D.C. Public Schools
*Test data for grades 7 and 9 not available for D.C. in 1997

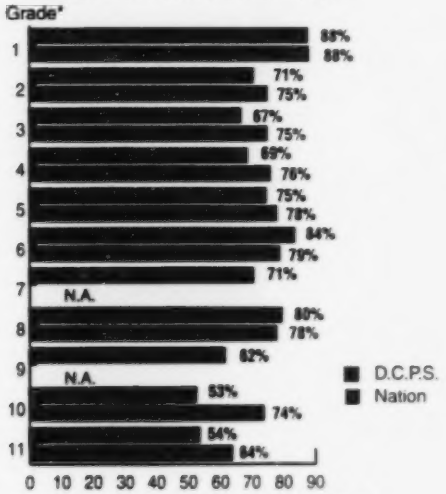
3. D.C. Public Schools students' performance on the Stanford 9 reading test is behind the nation at most grade levels. In a few grades, however, D.C. kids are performing as well as or better than the nation.

For most of the primary grades, fewer D.C.P.S. students are performing at basic proficiency or higher in reading than are students nationally. In third grade, 67 percent of D.C.P.S. students vs. 75 percent of students nationally are at basic level or higher. In fourth grade, 69 percent of D.C.P.S. students vs. 76 percent of students nationally perform at basic proficiency or higher.

However, at sixth and eighth grades, D.C.P.S. outperforms the nation. In sixth grade, 84 percent of D.C. P.S. students vs. 79 percent of students nationally are at basic or higher and in sixth grade, 84 percent of D.C.P.S. vs. 79 percent of students nationally are at basic or higher. In first grade, D.C.P.S. and the nation have the same percentage of students performing at basic or higher, 88 percent.

At the secondary level, D.C.P.S. students lag behind the nation. Only 53 percent of D.C.P.S 10th graders perform at basic or above compared to 74 percent of 10th graders nationally, and only 54 percent of D.C.P.S. 11th graders are at basic or above compared to 64 percent nationally.

PERCENT OF STUDENTS PERFORMING AT BASIC PROFICIENCY LEVEL OR HIGHER
STANFORD 9 ACHIEVEMENT TESTS FOR READING
D.C. Public Schools vs. The Nation, 1998

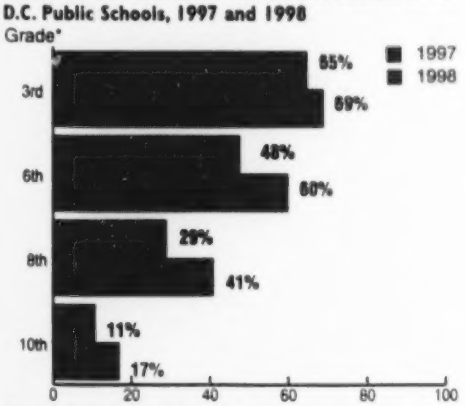


Source: Parents United for D.C. Public Schools
*National averages not provided for grades 7 and 9

4. D.C. Public School students improved in math performance on the Stanford 9 in 1998.

The percentage of students performing at basic proficiency or higher in math improved from 1997 to 1998 at each grade level for which data is available (i.e., third, sixth, eighth, and tenth graders). The greatest increases were in grades six and eight, which each increased by 12 percentage points.

PERCENT OF STUDENTS PERFORMING AT BASIC PROFICIENCY LEVEL OR HIGHER
STANFORD 9 ACHIEVEMENT TESTS FOR MATHEMATICS
D.C. Public Schools, 1997 and 1998

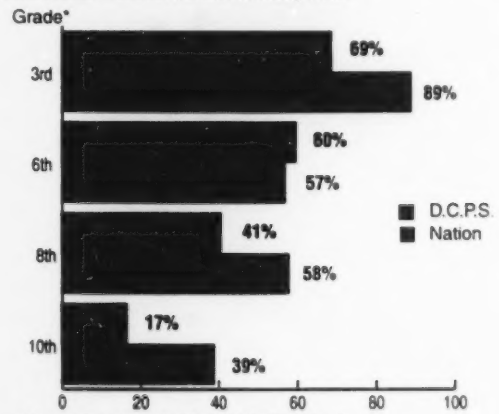


Source: Parents United for D.C. Public Schools
*National averages provided only for Grades 3, 6, 8 and 10

5. The District lags behind the nation in math performance at all grade levels for which data is available.

Encouraging as the improvement in math performance of D.C. Public Schools students may be, in all grades for which we have national data D.C.P.S. lags far behind students in the nation as a whole.

PERCENT OF STUDENTS PERFORMING AT BASIC PROFICIENCY LEVEL OR HIGHER
STANFORD 9 ACHIEVEMENT TESTS FOR MATHEMATICS
D.C. Public Schools vs. The Nation, 1998



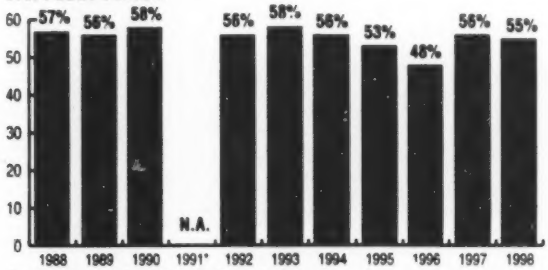
Source: Parents United for D.C. Public Schools
*National averages provided only for Grades 3, 6, 8 and 10

As D.C.P.S. students progress from one grade to the next, fewer and fewer acquire basic math skills. In third grade, 69 percent perform at basic or better compared to 89 percent nationally. In sixth grade, 60 percent perform at basic or higher, and by eighth grade, less than half—41 percent perform at basic or higher. By tenth grade, the percentage of students performing at basic or higher plunges to 17 percent. Thus, less than one fifth of D.C.P.S. students perform at basic proficiency or higher in math compared to 39 percent nationally.

6. The graduation rate declined slightly in 1998, after rising sharply in 1997.

In 1998, the graduation rate, as calculated by Parents United for the D.C. Public Schools, declined slightly to 55 percent from 56 percent the previous year. The rate had declined from 58 percent in 1993 to 48 percent in 1996, the lowest level since at least 1985, the earliest year for which we have data. In 1997, the rate had rebounded to 56 percent before declining again in 1998.

GRADUATION RATE FOR CLASSES OF 1988 TO 1998
D.C. Public Schools

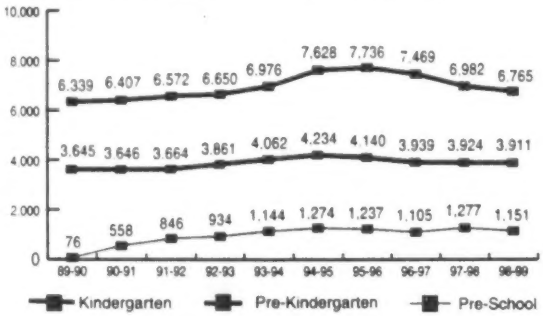


Source: Parents United for D.C. Public Schools
*Data unavailable for 1991

7. Enrollments in the District's Kindergarten, Pre-Kindergarten, and Pre-School classes have all declined somewhat.

For only the second time since the 1989-1990 school year, enrollments are down somewhat in all three of the District's early childhood education programs. Kindergarten enrollment is down from 6,982 to 6,765, or by about three percent. Pre-Kindergarten is down very slightly, from 3,924 to 3,911. Pre-School, the District's pioneering full-day program of early childhood education for four-year-olds, is down from 1,277 to 1,151, or by about ten percent. The reason is not clear—in previous years enrollment had been increasing despite the decline in population.

ENROLLMENT IN KINDERGARTEN, PRE-KINDERGARTEN AND PRE-SCHOOL CLASSES
D.C. Public Schools, 1989/90 - 1998/99 School Year

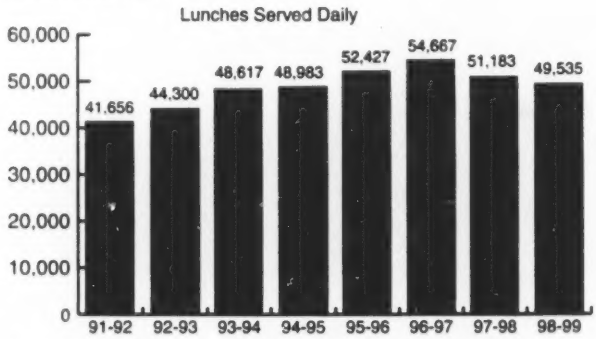


Source: Parents United for D.C. Public Schools

8. Fewer free and reduced price lunches are being served in the public schools.

Free and reduced price lunch recipiency has decreased for the second year in a row. From a peak of 54,667 lunches served daily in the 1996-97 school year, the number is down to 49,535 in 1998-99. This is a nine percent decrease. The downward trend may be at least partly a result of declining enrollment. Free and reduced price lunches are currently served to over 70 percent of the public schools' official enrollment.

FREE AND REDUCED PRICE LUNCHES IN D.C. PUBLIC SCHOOLS
School Years 1991 - 92 to 1998 - 99



Source: Analysis by Mary Levy for Parents United for D.C. Public Schools

H. SELECTED INDICATORS BY WARD

WARD 1

Estimated 1997 Household Population	61,700
Estimated 1997 Children in Households	
Ages 0-4 Years	3,500
Ages 5-17 Years	6,600

Indicator	Statistic	Rank Among Wards
Total Number of Births	1,141	2
Births to Unmarried Women	669	4
Births to Females Under 20 Years	190	3
Births with Inadequate Prenatal Care	140	5
Low Birth Weight Babies	115	6
Infant Mortality (per 1,000 Births)	13.2	6
Teen Violent Deaths	5	5

Note: All data are for 1997.

Sources
Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

WARD 2

Estimated 1997 Household Population	59,400
Estimated 1997 Children in Households	
Ages 0-4 Years	1,400
Ages 5-17 Years	4,100

Indicator	Statistic	Rank Among Wards
Total Number of Births	806	7
Births to Unmarried Women	459	7
Births to Females Under 20 Years	97	7
Births with Inadequate Prenatal Care	110	6
Low Birth Weight Babies	103	7
Infant Mortality (per 1,000 Births)	12.4	7
Teen Violent Deaths	4	6

Note: All data are for 1997.

Sources
Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

WARD 3

Estimated 1997 Household Population	73,300
Estimated 1997 Children in Households	
Ages 0-4 Year	2,300
Ages 5-17 Years	5,700

Indicator	Statistic	Rank Among Wards
Total Number of Births	723	8
Births to Unmarried Women	50	8
Births to Females Under 20 Years	3	8
Births with Inadequate Prenatal Care	49	8
Low Birth Weight Babies	41	8
Infant Mortality (per 1,000 Births)	2.8	8
Teen Violent Deaths	2	7.5*

Note: All data are for 1997.

Sources
Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

**Tied with Ward 4 for last place*

WARD 4

Estimated 1997 Household Population	62,700
Estimated 1997 Children in Households	
Ages 0-4 Years	2,500
Ages 5-17 Years	9,100

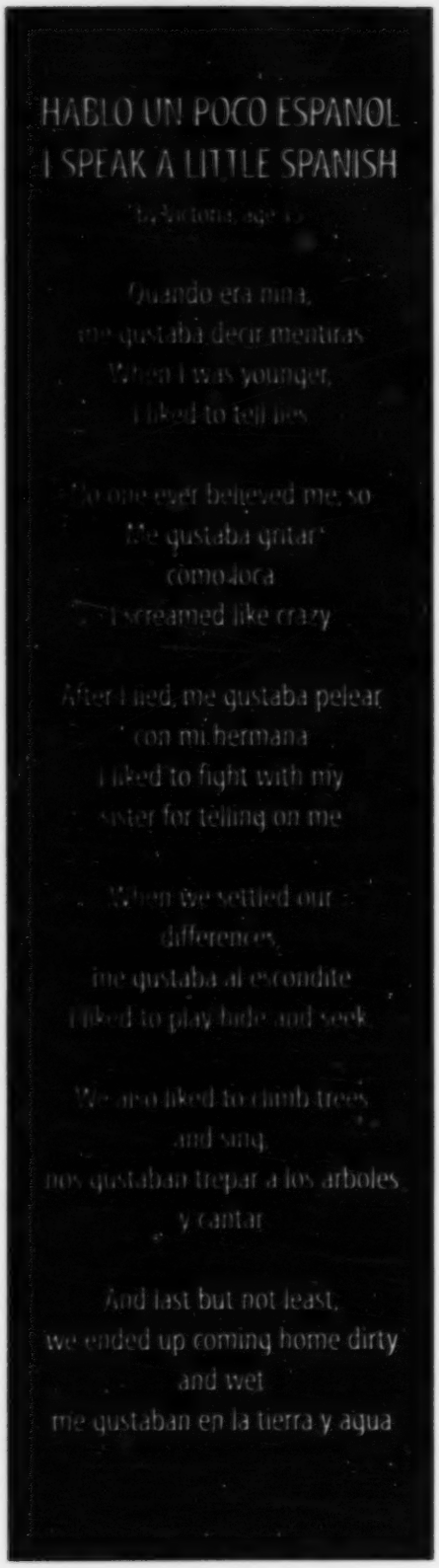
Indicator	Statistic	Rank Among Wards
Total Number of Births	955	5
Births to Unmarried Women	580	6
Births to Females Under 20 Years	129	6
Births with Inadequate Prenatal Care	107	7
Low Birth Weight Babies	138	5
Infant Mortality (per 1,000 Births)	13.5	4.5*
Teen Violent Deaths	2	7.5**

Note: All data are for 1997.

Sources
Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

**Tied with Ward 5 for fourth place*
***Tied with Ward 3 for last place*

I ALONE SEE
THE CHANGE
Leaves scrunched like a centipede
That has just been poked with a stick
Trees grow skinny as hairless dogs
Bark develops a pallor
The sky looks foggy as though it were sleeping
Everyone is rushing around
Like clouds with no destination
I sit here alone watching
I alone see the change


HABLO UN POCO ESPANOL
I SPEAK A LITTLE SPANISH
Quando era nina,
me gustaba decir mentiras
When I was younger,
I liked to tell lies
No one ever believed me, so
Me gustaba gritar
como loca
I screamed like crazy
After I lied, me gustaba pelear
con mi hermana
I liked to fight with my
sister for telling on me
When we settled our
differences,
me gustaba al escondite
I liked to play hide and seek
We also liked to climb trees
and sing
nos gustaban trepar a los arboles
y cantar
And last but not least,
we ended up coming home dirty
and wet
me gustaban en la tierra y agua

WARD 5

Estimated 1997 Household Population	61,600
Estimated 1997 Children in Households	
Ages 0-4 Years	3,700
Ages 5-17 Years	8,600

Indicator	Statistic	Rank Among Wards
Total Number of Births	964	4
Births to Unmarried Women	709	3
Births to Females Under 20 Years	168	4
Births with Inadequate Prenatal Care	154	3.5*
Low Birth Weight Babies	157	2
Infant Mortality (per 1,000 Births)	13.5	4.5**
Teen Violent Deaths	12	2

Note: All data are for 1997.

Sources

Population data: Survey by the Greater Washington Research Center

All other data: D.C. Dept. of Health, State Center for Health Statistics

**Tied with Ward 6 for third place*

***Tied with Ward 4 for fourth place*

WARD 6

Estimated 1997 Household Population	57,400
Estimated 1997 Children in Households	
Ages 0-4 Years	3,500
Ages 5-17 Years	8,100

Indicator	Statistic	Rank Among Wards
Total Number of Births	874	6
Births to Unmarried Women	610	5
Births to Females Under 20 Years	153	5
Births with Inadequate Prenatal Care	154	3.5*
Low Birth Weight Babies	149	4
Infant Mortality (per 1,000 Births)	16.0	1
Teen Violent Deaths	11	3

Note: All data are for 1997.

Sources

Population data: Survey by the Greater Washington Research Center

All other data: D.C. Dept. of Health, State Center for Health Statistics

**Tied with Ward 5 for third place*

WARD 7

Estimated 1997 Household Population	55,100
Estimated 1997 Children in Households	
Ages 0-4 Years	4,300
Ages 5-17 Years	11,000

Indicator	Statistic	Rank Among Wards
Total Number of Births	1,057	3
Births to Unmarried Women	843	2
Births to Females Under 20 Years	234	2
Births with Inadequate Prenatal Care	197	2
Low Birth Weight Babies	153	3
Infant Mortality (per 1,000 Births)	14.2	3
Teen Violent Deaths	15	1

Note: All data are for 1997.

Sources
Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

WARD 8

Estimated 1997 Household Population	60,800
Estimated 1997 Children in Households	
Ages 0-4 Years	7,500
Ages 5-17 Years	12,600

Indicator	Statistic	Rank Among Wards
Total Number of Births	1,396	1
Births to Unmarried Women	1,122	1
Births to Females Under 20 Years	259	1
Births with Inadequate Prenatal Care	246	1
Low Birth Weight Babies	212	1
Infant Mortality (per 1,000 Births)	15.8	2
Teen Violent Deaths	10	4

Note: All data are for 1997.

Sources
Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

MY DAD

I love my Dad
On my birthday
and on Father's Day
I love him.
I love him every day.

He's so nice he takes me
to Children's Hospital
because I need a transplant.
I come here for dialysis
until I get my kidney.
I will come in the hospital on
June 29.
My Dad is going to give me
one of his kidneys
on June 30.

I wonder if it's going to hurt.
I'm scared.
I don't want to, but I got to.

My Dad is slender
and handsome.
When he's sleepy his eyes be red,
but when he's not sleepy,
they be white
and brown in the middle,
and shining in the light.

LIFE

by Domani, age 8

Life isn't a promise.
That means things that you
want don't come to you.
So you have to make choices.
It isn't a good thing to do
bad things.
People are dying from lung
cancer and other diseases.
Always listen to God.
Always think of good things
about people.
When you write a poem
it's like your mind is
talking to you.

CITYWIDE TOTALS

Estimated 1997 Household Population	492,000
Estimated 1997 Children in Households	
Ages 0-4 Years	28,700
Ages 5-17 Years	65,800

Indicator	Statistic
Total Number of Births	7,916
Births to Unmarried Women	5,042
Births to Females Under 20 Years	1,233
Births with Inadequate Prenatal Care	1,157
Low Birth Weight Babies	1,068
Infant Mortality (per 1,000 Births)	13.1
Teen Violent Deaths	62

Note: All data are for 1997.

Sources

Population data: Survey by the Greater Washington Research Center
All other data: D.C. Dept. of Health, State Center for Health Statistics

III. CHILDREN AND YOUTH WITH SPECIAL NEEDS: AN UNNOTICED AND UNDERSERVED POPULATION

There is a population of children in the U.S. and in the District of Columbia that often goes unnoticed and therefore often does not get its needs addressed adequately. This population consists of children and youth that have a chronic physical, developmental, behavioral or emotional condition. In 1994, the American Academy of Pediatrics estimated that 18 percent or 12.6 million U.S. children under the age of 18 fall into this population. Unfortunately, the definition of a child with special health care needs means different things to different people. As a result, numbers that are stated for this population tend to vary.

The most common identifier for children and youth with special health care needs is Supplemental Security Income (SSI) eligibility. There are at least 930,000 children nationally and 2,800 children in the District of Columbia receiving SSI benefits. Because SSI eligibility has an income criterion, using it as a sole indicator is very limiting. Even without considering the income criteria, we know that there are many more children who qualify for SSI benefits, but for a number of reasons do not receive them. Additionally, there are many children who do not meet the level of disability for SSI eligibility but are nonetheless disabled.

Children and youth with special health care needs are usually a small percentage of state and local government health care responsibilities, but represent a significant and growing portion of Medicaid budgets. At this time, we cannot estimate the expenditures for the total population of children and youth with special health care needs, especially if they are not Medicaid/SSI eligible. However, the SSI population has some of the highest health care costs per capita in the nation. In Washington, D.C., the expenditures for all children (ages 0-22) receiving SSI averaged $1,023 per child per month in FY 1996/1997. Delivery of essential medical and social services needed by this population is costly. Care coordination is critical in order to contain costs and ensure that children receive the appropriate level of service. This is especially true when considering that childhood disability is estimated to result (annually) in:

- 66 million restricted activity days;
- 24 million days lost from school; and
- 26 million more physician contacts and 5 million more hospital days than other children.

In general, there are three times as many bed days and school absences for children and youth with special health care needs than other children.

SPECIAL EDUCATION

A broader category of children with special health care needs includes those children receiving special education services. In Washington, D.C., there are 8,162 children between the ages of three and 21 who are receiving special education services. Some of these children may also receive SSI benefits. It is important to note that this number is not truly reflective since the District of Columbia has a backlog of assessments and Individual Education Plan (IEP) development.

In the District, there are large numbers of children who are mentally retarded, learning disabled, and emotionally disturbed who are enrolled in special education. The following figures from the U.S. Department of Education show the number of children ages six to 21 in each category of disability that receive special education services in Washington, D.C.

- 1,177 - Mental Retardation
- 30 - Hearing Impairments
- 494 - Speech or Language Impairments
- 12 - Visual Impairments
- 1,062 - Emotional Disturbance
- 145 - Orthopedic Impairments
- 140 - Other Health Impairments
- 4,462 - Specific Learning Disabilities
- 12 - Deaf/Blindness
- 134 - Multiple Disabilities
- 72 - Autism
- 13 - Traumatic Brain Injury
- 409 - Other

Studies that have attempted to identify the numbers of children and youth with special health care needs have found a higher prevalence of older children, males, African-Americans and children with low-income, single-parents.

In the District of Columbia, about 63 percent of SSI-eligible children reside in four of the poorest zip codes in the eastern side of the city. The average household income of these families is $15,750 compared to the average Washington household of $32,888. Moreover, SSI-eligible families are concentrated in areas of the city with the fewest primary care and specialty physicians, and the fewest social, educational, and mental health care providers.

EARLY CHILDHOOD SPECIAL NEEDS POPULATIONS

One out of every four children under the age of five in the District of Columbia (27 percent) has a developmental delay or disability, or is at-risk of developing one. Although children with special needs live in areas throughout the District, a disproportionate number live in areas with higher levels of poverty, unemployment, and crime.

In the past, data on the prevalence of disabilities among young children has been fragmentary, difficult to access, sometimes inconsistent, and outdated. Similarly, definitions for at-risk groups and classification schemes for disability have varied widely, making comparisons difficult. However, the local disability community, in collaboration with government efforts, has developed an early childhood system that both addresses disability issues and is beginning to generate data on this population through a registry.

With the help of a coalition of D.C. experts, the Department of Health's Birth to Eight Program, located in the Bureau of Injury and Disability Prevention, developed criteria for defining 28 risk categories. A child is considered at-risk and is entered into the registry if he or she has one or more of the risk factors. The Birth to Eight Program identifies the disability population through hospital records, Medicaid statuses like SSI, and through the D.C. Early Intervention Program (also known as the Part C program). It collects data from many of the city's birthing hospitals, Part C related programs, and a variety of public and private organizations. Through data linkages with Medicaid and the District's social services information system, the program can identify the Medicaid status and the types of benefits families and children are receiving.

The following chart, which was prepared by the *Birth to Eight Program*, provides information about children with special needs by Ward. Please note that several birthing hospitals do not participate, so the special needs population may be under represented, particularly in Ward 3.

BUILDING A SAFETY NET FOR CHILDREN AT RISK FOR DISABILITIES

Research has found that the early identification and treatment of children with special needs is cost effective. Therefore, the District is working to create a safety net for very young children (birth to age three) who are at-risk for disability by closely coordinating two programs which serve this population: Medicaid's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program and the D.C. Early Intervention Program, also known

Children Under Age 5 with Special Needs

CHILDREN UNDER 5 (Born 1995 - 1998)	WARD 1	2	3	4	5	6	7	8	TOTAL
Total Children <age 5 in Ward[1]	4,493	2,544	2,527	3,836	4,059	3,504	5,130	6,772	32,865
Children At-Risk[2]	1,039	841	43	774	1,069	1,061	1,416	2,173	8,416
% of Total Children	23%	33%	2%	20%	26%	30%	28%	32%	26%
% At-Risk Children on Medicaid	80%	81%	38%	74%	81%	84%	86%	90%	84%
Children with Disabilities[3]	73	84	20	63	75	66	93	116	590
% of Total Children	2%	3%	1%	2%	2%	2%	2%	2%	2%
Children with Special Needs[4]	1,112	925	63	837	1,144	1,127	1,509	2,289	9,006
% of Total Children	25%	36%	2%	22%	28%	32%	29%	34%	27%

[1] Projected D.C. Population for 1998, Source: D.C. Office of Planning
[2] Children identified with one or more risk factors — Source: Department of Health, Bureau of Injury and Disability Prevention, Birth to Eight Program
[3] Children with a diagnosed developmental delay or disability — Source: Department of Health, Bureau of Injury and Disability Prevention, Birth to Eight Program
[4] Combined at-risk and disability population — Source: Department of Health, Bureau of Injury and Disability Prevention, Birth to Eight Program

as the Part C Program (which stands for Part C of the Individuals with Disabilities Education Act). Both programs have federally mandated requirements for health and developmental screening, diagnostic evaluation, and treatment. EPSDT serves Medicaid-eligible children from birth to age 21. Part C serves children from birth to age three. To be eligible for Part C services, a child must have at least a 50 percent delay in one of five developmental areas (physical, cognitive, adaptive, communication, social/emotional) compared to "typically developed" children the same age, or have a diagnosed disability or established risk condition that has a high probability of resulting in life long disability. To be eligible for EPSDT services, a child must meet Medicaid's income guidelines and have a developmental delay or condition requiring therapeutic intervention. Part C evaluation teams understand that a Medicaid-eligible child referred to Part C for assessment who is found to have a moderate delay or developmental condition (25 percent-50 percent), can receive the necessary therapies through the EPSDT Program.

THE CHALLENGE OF HEALTH CARE AVAILABILITY AND QUALITY FOR CHILDREN WITH SPECIAL NEEDS

As the District has become more successful at identifying very young children in need of early intervention services, the challenge of finding sufficient numbers of therapists trained to work with very young children has increased. Similarly, as more non-English speaking families are brought into these programs, the District must confront shortages of appropriately trained, multilingual personnel. Major shifts in the District's health care finance system are taking place and should gradually result in improvements in these areas.

At the Federal Government's encouragement and driven by cost-cutting pressures, more states are beginning to enroll children and youth with special health care needs and chronic illnesses receiving Medicaid/SSI benefits into managed care programs. Overall, 84 percent of the children with special needs identified through The Birth to Eight Program are insured through Medicaid. The D.C. Medicaid Program, in conjunction with the Federal Government, has implemented a unique Coordinated Care Program to serve the District's Medicaid/SSI children and youth with disabilities, chronic illnesses and complex medical and mental health needs. The program was developed jointly by the Health Care Finance Administration (HCFA), D.C. Medicaid, and Health Services for Children with Special Needs, Inc. (HSCSN). HSCSN was incorporated in 1996 as the nation's first managed care organization (MCO) solely dedicated to serve this population. HSCSN currently provides access to comprehensive, high quality health care services for this population in D.C.

During the first three years of providing the Coordinated Care Program, HSCSN has found that in many cases, the social, educational, psychological, environmental, and safety needs of this population and of their caregivers are often more pressing than their clinical needs. Thus, children with special needs require effective management of these needs in order to access adequate clinical care.

Next year, the District will offer families with children with developmental risks and disabilities a choice of two "Special Needs" Managed Care Organizations (MCOs). The new special needs MCOs are going to be required to subcontract with adequate numbers of pediatric specialists to meet the needs of their enrolled families. They will also be required to provide services that are culturally appropriate for all of their families. In other words, in order to be selected as a special needs MCO, the company will have to demonstrate to the Medical Assistance Administration that it can meet these new requirements.

ON THE LEGISLATIVE HORIZON

Recently, the Department of Human Services, Office of Early Childhood Development has begun to enact important changes in the subsidized child care reimbursement rates, including an increase in subsidy rates to child care centers that serve children with special needs. This will make it easier for young children with disabilities to be cared for in child care settings and to receive therapy services in those settings as well. Regulations for the new child care subsidies for children with disabilities are being developed.

Note: This section was contributed by Health Services for Children with Special Needs, Inc. (HSCSN) and the Birth to Eight Program, Bureau of Injury and Disability Prevention, Preventive Health Services Administration, D.C. Department of Health.

For additional information on children with special needs, contact

Son Park, The HSC Foundation 202-835-2766 and

J. Daniel Welsh, Birth to Eight Program 202-727-3866.

IV. D.C. KIDS COUNT STRATEGIES AND RECOMMENDATIONS

A. YOUNG URBAN VOICES YOUTH VOTE

Young Urban Voices (YUV) is a banner under which a number of youth groups collaborate on various civic education and service learning activities. YUV was created by D.C. KIDS COUNT in 1996 to stimulate and facilitate the participation of District youth in the discussion and decision making around issues of concern to them. YUV provides an outlet for youth to make their voices heard. During YUV's initial speak out in 1996, youth identified four key issues: violence, sexual responsibility, jobs, and D.C. Public Schools. The youths' recommendations to address these areas were published in the 1997 and 1998 D.C. KIDS COUNT fact books.

During the 1998 election season, YUV teamed up with D.C. Do Something to increase public awareness and understanding of issues of concern to young people and assist them in developing and implementing strategies to address these issues. (D.C. Do Something is a non-profit organization founded and managed by young people to train, fund, and mobilize youth to become stronger, more effective leaders, build community, and take problem-solving action to improve the District of Columbia.) YUV and D.C. Do Something used the opportunity of the 1998 election year in the District of Columbia to begin to develop and publicize a Youth Agenda to engage youth and create a platform for their voices. To this end, "Youth Vote" was held from October 1-19, 1998, where 4,675 students in 15 D.C. public high schools used actual ballots and voting machines to register their opinions on current issues facing the District. The ballot was developed by Banneker High School students, who culled the questions from the proceedings of numerous youth forums held in D.C. over the past several years and conducted a straw poll of several other schools. Service learning facilitators from Community Impact (formerly Funds for the Community's Future) worked with students at each of the participating high schools to implement the vote. Teachers designed lessons related to voting and civic participation to introduce youth to the "Youth Vote" and engage them in discussions on critical issues facing them. See the following page for results of the Youth Vote.

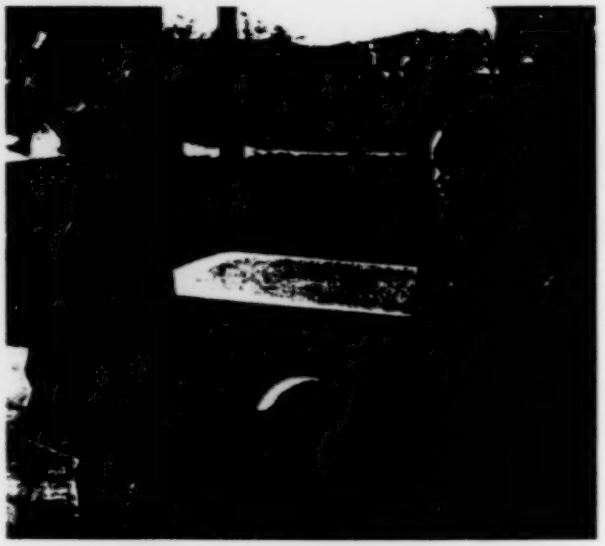
YUV, D.C. Do Something, and participating schools and organizations will continue to work with youth to develop a Youth Agenda based on the results of the vote, and to design and implement service learning and community action projects to address the issues they have identified. In addition, youth will be encouraged to increase their understanding of the political process in D.C. and their awareness of ways they can create positive community change, to learn about their local leaders, and to exercise the right to vote when they are of legal age.

B. RECOMMENDATIONS

If conditions for children and families in the District are to significantly improve, all segments of the community—from parents to legislators to schools to business persons—must embrace an ethic of caring for our children and families and direct more energy and resources to primary prevention. Below is a compilation of tried and true strategies that different segments of the D.C. community can employ to create a city that cares about its children and families.

What Every Adult in the District Can Do

- Adopt a personal ethic of caring for children, specifically that adults are responsible for the care, protection, and nurturance of children, all children. If D.C.'s children are failing, it's because adults are failing them.
- Communicate to young people high expectations for achievement and ethical behavior.
- Learn the developmental needs and behaviors of children at different ages and stages, and consider their needs as you interact with them and make decisions that impact them.
- Create opportunities for yourself and other adults to have ongoing, mutually beneficial, interactions with children/youths.



YOUTH VOTE RESULTS

Question	Yes (n / %)	No (n /%)	
1. Do your teachers have high expectations of you?	3,396 / 79.0	901 / 21.0	
2. Do you feel safe in and around your school?	2,398 / 55.6	1,918 / 44.4	
3. Should principals and teachers be held accountable for student performance?	1,843 / 41.3	2,624 / 58.7	
4. Should standardized test scores be considered in the promotion of students to the next grade level?	1,397 / 31.2	3,077 / 68.8	
5. Are you in favor of charter schools?	2,677 / 60.0	1,785 / 40.0	
6. Are there adequate recreational opportunities for teens in your school or neighborhood?	2,253 / 50.0	2,207 / 49.5	
7. Should the city be required to provide summer jobs for youth or assist them in finding employment?	4,115 / 91.9	361 / 8.1	
8. Are you in favor of a citywide youth curfew?	1,046 / 23.6	3,377 / 76.4	
9. Is your education adequately preparing you for the future?	3,518 / 82.6	741 / 17.4	
10. Does your school provide adequate support to ensure meaningful community service activities for students?	2,697 / 62.8	1,600 / 37.2	
11. Is there a helpful adult you can talk to when you have a problem?	3,443 / 80.0	861 / 20.0	
12. Have you been a victim of violence?	1,648 / 37.9	2,695 / 62.1	
13. Do adults listen to and respect your opinions?	2,859 / 66.2	1,457 / 33.8	
14. Have you received adequate sex education in school and/or from your parents?	3,463 / 78.1	973 / 21.9	
15. Should condoms be made available to students in schools?	3,753 / 84.2	705 / 15.8	
16. Should the remedy for substance abuse be criminal prosecution or medical treatment?	Criminal Pros.	Med.Treatment	Both
	576 / 13.4	1,901 / 44.2	1,824 / 2.4

What The District Government, The Control Board, and Congress Can Do

- Develop a budget item for each government agency that benefits children and supports families.
- Support and expand existing programs and services that intervene in the lives of children early and respond to their changing developmental needs, and that continue over sustained periods of time.
- Consider the developmental needs of children in policy and legislative decisions that impact them and their families. This is especially critical as welfare policy is reformed in the District of Columbia.
- Work with the private and nonprofit sectors to increase the supply of low cost housing, child care, job opportunities, educational opportunities, community support programs, and other efforts to improve socioeconomic conditions and to promote values and norms that encourage healthy attitudes and behaviors.

What Families in the District Can Do

- Build family relationships based on mutual respect and democratic principles.
- Acknowledge, understand and adapt to the typical behaviors, capacities, and the needs of your children at different ages.

D.C. Children's Trust Fund's Standards for Primary Prevention

©1999

Primary prevention focuses on stopping a problem before it occurs as opposed to intervening only after a risky situation has developed or after the problem has become acute. The old adage "an ounce of prevention is worth a pound of cure" is more true today than ever.

Effective primary prevention efforts have the following characteristics:

- They are targeted to the community at large, not just "at-risk" populations;
- They are developmental versus remedial, i.e., they are not developed in response to a specific problem. Rather, they focus on increasing the capacity of individuals, families and communities to lead productive lives and contribute to society. In this way, efforts are pro-active versus reactive;
- They are culturally appropriate. Relevant language is used and other cultural considerations are taken into account;
- They focus on parent leadership. Parents serve in decision-making roles with regard to the design, implementation and evaluation of activities and services;
- They focus on developing parenting skills including child development, discipline, and family advocacy; and
- They emphasize prosocial child and youth development skills including self-advocacy and life skills. Efforts provide opportunities for pro-social recreation and out-of-school activities and promote growth and development of a child's fullest potential.

- Provide appropriate supervision and discipline.
- Develop constructive ways of handling conflict.
- Become actively involved in the lives of your children.

What Schools in the District Can Do

- Set high expectations for children and provide support and opportunities to achieve them.
- Maintain a safe and orderly but not severe school environment.
- Allow teachers and principals to be creative in developing innovative teaching strategies and curricula.
- Provide support and resources to teachers and staff.
- Provide opportunities for all students to succeed.
- Engage families in the educational process in a respectful, collaborative manner.
- Provide comprehensive preschools, compensatory programs (e.g., Head Start), and before and after school programs.
- Respond to children's emotional, social and material needs, as well as their academic needs.

What Businesses in the District Can Do

- Provide alternative work arrangements including flex time, job sharing and telecommuting to allow families to spend more time together.
- Provide benefits for part-time workers.
- Pay employees a living wage.
- Provide internships, apprenticeships, training programs and jobs for young people and persons moving from welfare to work.
- Provide incentives for employees to volunteer at local schools and youth organizations.

V. A WORD ABOUT THE DATA

Data Definitions and Sources

(in alphabetical order)

We attempt to define our indicators clearly and adequately in the text, and to indicate data sources in all tables and charts. However, if some are not clear, the definitions and sources of the indicators follow. Where we feel there are important limitations in the data, these are also stated.

A number of the indicators are stated as percentages. For those whose math is rusty, a percentage is calculated by dividing the number of occurrences of a particular need or problem by some other quantity to which it is related — often the number of possible occurrences. Then, in order to make the result a whole number rather than a decimal fraction, it is multiplied by 100. For example, to get the percentage of all births that are to unmarried mothers, we divide the number of births to unmarried mothers by the total number of births, then multiply the result by 100.

TANF Payments

How Defined: The annual average number of children covered by public assistance payments in the most recent calendar year. TANF stands for "Temporary Assistance to Needy Families." It replaces "Aid To Families With Dependent Children."

Source: Commission on Social Services, Income Maintenance Administration, D.C. Department of Human Services.

Babies Born Without Adequate Prenatal Care

How Defined: The annual average number and/or percent of infants born to mothers who received no prenatal care or either inadequate or intermediate prenatal care, based on the Institute of Medicine criteria, as shown in the table below.

Source: D.C. Department of Health, State Center for Health Statistics

Limitation(s): These and all other vital statistics data are not available until the second year following their collection: i.e., the latest statistics in this year's report are for 1996.

Institute of Medicine Criteria for Adequacy of Prenatal Care

Category	If Gestation is (In weeks):	And Number of Prenatal Visits is at Least:
Adequate	13 or Less	1
	14 to 17	2
	18 to 21	3
	22 to 25	4
	26 to 29	5
	30 to 31	6
	32 to 33	7
	34 to 35	8
	36 or More	9
	And Number of Prenatal Visits is No More Than:	
Inadequate	14 to 21	0
	22 to 29	1
	30 to 31	2
	32 to 33	3
	34 or More	4
Intermediate	All Combinations Other Than Above	

Births to Single Mothers

How Defined: The annual number and/or percent of births that occur to mothers who do not report themselves as married when registering for the birth.

Source: D.C. Department of Health, State Center for Health Statistics

Limitation(s): These and all other vital statistics data are not available until the second year following their collection: i.e., the latest data in this year's report are for 1997.

Births to Teenage Mothers

How Defined: The annual number and/or percent of births that are to women or girls between 15 and 19 years of age. Note that many of these young mothers are legally adults.

Source: D.C. Department of Health, State Center for Health Statistics

Limitation(s): Vital statistics by age are normally reported for five-year age groups, e.g., 15-19. The national KIDS COUNT Data Books report these numbers in the same way. These and all other vital statistics (such as deaths) are not available until the second year following their collection: i.e., the latest statistics in this year's report are for 1997.

Child Abuse and Neglect Cases

How Defined: The annual number of new cases filed with the D.C. Superior Court alleging child abuse or neglect.

Source: The Annual Reports of the District of Columbia Courts

Limitation(s): These are cases alleging child abuse or neglect, not verified occurrences. The D.C. Government does keep track of verified instances of child abuse; the numbers are considerably smaller. However, there may be a variety of reasons why actual abuses might not be verified. Both measures probably understate the extent of the problem. Both can probably serve better as indicators of change in the magnitude of the problem rather than as exact measures of the magnitude itself. Court statistics are not available for wards or other sub-areas of the District.

Child Support Cases

How Defined: The annual number of new cases filed for child support in the District of Columbia.

Source: The Annual Reports of the District of Columbia Courts

Limitation(s): Court statistics are not available for wards or other sub-areas of the District.

Graduation Rate

How Defined: The percentage of the number of students enrolled in 10th grade who graduate three years later. Note that the graduates are not necessarily all the same children, but may include some who entered the D.C. schools after 10th grade.

Source: Parents United for the D.C. Public Schools

Homeless Children and Families

How Defined: Those children and families who do not have a permanent home in which they can live. They may be housed in shelters or in transitional housing, staying with family or friends, or may be totally without shelter.

Source: The Community Partnership for the Prevention of Homelessness

Infant Mortality Rate

How Defined: The number of deaths to infants under 1 year per 1,000 live births.

Note that this is not a percentage.

Source: D.C. Department of Health, State Center for Health Statistics

Limitation(s): These and all other vital statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1997. Because the rate of infant deaths in the District, while far too high (about twice the national rate), still represents a relatively small number of actual deaths, fairly large fluctuations in the rate from year to year have been common. These fluctuations have often been reversed the next year. Particular care should therefore be taken not to infer too much from the change in the rate for any one year.

Juvenile Cases

How Defined: The annual number of new cases filed against juveniles (under 18) in The D.C. Superior Court.

Source: The Annual Reports of the District of Columbia Courts

Limitation(s): Court statistics are not available for wards or other sub-areas of the District.

Low Birth Weight Babies

How Defined: The annual number of babies born at weights under 5.5 pounds or 2,500 grams.

Source: D.C. Department of Health, State Center for Health Statistics

Limitation(s): These and all other vital statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1997.

Paternity Cases

How Defined: The number of new cases alleging paternity filed with the D.C. Superior Court.

Source: The Annual Reports of the District of Columbia Courts

Limitation(s): Court statistics are not available for wards or other sub-areas of the District

Teen Violent Deaths

How Defined: The annual number of deaths from violent causes (accident, murder, or suicide) to persons aged 15 to 19.

Source: D.C. Department of Health, State Center for Health Statistics

Limitation(s): These and all other Vital Statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1997).

VI. ACKNOWLEDGMENTS

Congratulations are extended to supporters of the District's Children, including families, neighborhoods, individuals, and organizations who have advocated for children and who have made the publication of this annual fact book possible.

We are grateful to the following people and organizations, which contributed their efforts this year:

George Grier, Principal, The Grier Partnership, for his expert data collection, analysis and reporting;

Melissa B. Littlefield, Ph.D., Program Director, D.C. Children's Trust Fund and Coordinator, D.C. KIDS COUNT, for her text contributions and for editing and managing the production of the fact book; Ann M. Oliva, D.C. Initiative Program Officer, The Community Partnership for the Prevention of Homelessness, and Jennifer Pauk, Community Affairs Associate, Children's National Medical Center, for their skillful editing and contributions to the production and distribution of the Fact Book;

Gehle Design Associates, Inc. for the design and layout of the fact book;

Fern M. Johnson, Ph.D., D.C. Department of Health, State Center for Health Statistics; Barbara Ferguson Kamara, Executive Director, Office of Early Childhood Development, D.C. Department of Human Services, Commission on Social Services; Cora Thorne, Research and Development Division, District of Columbia Courts; Mary Levy, Consultant to Parents United for the D.C. Public Schools; Adan Cajina, D.C. Agency for HIV and AIDS; Kate Jesberg, D.C. Department of Human Services, Income Maintenance Administration; Michelle Amar, D.C. Department of Health, Bureau of STD Control, Surveillance Unit; Elizabeth Sullivan, District of Columbia Department of Health, Immunization Program;

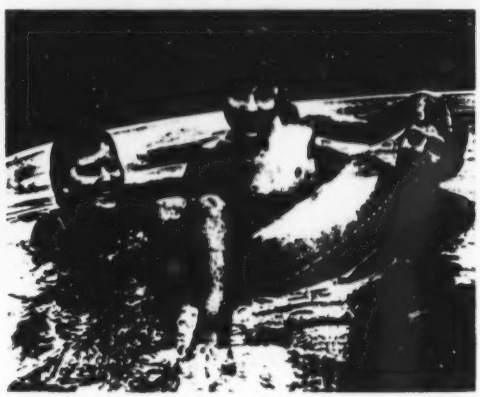
Son Park, Health Services for Children with Special Needs; Adeniyi Ibikunle, Acting Chief, Bureau of Injury and Disability Prevention, and J. Daniel Welsh, Program Manager, Birth To Eight Program, Bureau of Injury and Disability Prevention, Preventive Health Services Administration, D.C. Department of Health; Joan Christopher Program Manager, Margaret Lorber, Program Specialist, and Tammy Proctor, Child Find Coordinator, D.C. Early Intervention Program, Office of Early Childhood Development, D.C. Department of Human Services for contributing information on children with special needs.

Carolyn S. Abdullah, Executive Director, D.C. Children's Trust Fund for the Prevention of Child Abuse; Sue Marshall, Executive Director, The Community Partnership for the Prevention of Homelessness; and Ellie Runion, Director for Advocacy and Community Affairs, Children's National Medical Center;

Participants of Young Urban Voices.

Members of the D.C. KIDS COUNT Collaborative for Children and Families for continued support.

Photos and poems provided by Children's National Medical Center.



Let

by Leah, age 12

Let my soul run free
Let my spirit fly from me
Fly from me
Fly from me

Let my conscience be clear
Of the worries and fears
Worries and fears
Worries and fears

Let the pain go away
And start a new day
Start a new day
Start a new day

Let my brain be at rest
Set to be the very best
Be the very best
Be the very best

Let my soul run free
Let my spirit fly from me
Let my conscience be clear
Of the worries and fears

Let the pain go away
And start a new day
Let my brain be at rest
Set to be the very best

Be the very best
Be the very best
The best
Best.

D.C. KIDS COUNT Collaborative
c/o D.C. Children's Trust Fund
2021 L Street, NW Suite 205
Washington, DC 20036
(202) 624-5555
(202)624-0396 fax
www.dcchildrenstrustfund.org